

# GET FIT WITH CIVILIAN FITNESS

MASS ASSESSMENT PACKET



GUIDE TO CIVILIAN FITNESS IN USAREUR





Provided by:  
The Center for Health Promotion and Preventive Medicine-Europe  
Department of Health Promotion & Wellness  
DSN 486-7099/8555 E-Mail: [wellness@cpe.amedd.army.mil](mailto:wellness@cpe.amedd.army.mil)

# THE CIVILIAN FITNESS PROGRAM



**W**elcome to the Civilian Fitness Program! Thank-you for being an integral part in helping the Civilian Employees in your community develop a healthier lifestyle through the Civilian Fitness Program.

**T**his packet is separated into 3 sections. The MASS Assessment Program provides instructions on how to set up the Civilian Fitness Program from start to finish. The Enrollment Packet includes everything a civilian employee needs in order to enroll in the program. The Appendices offer valuable tools for setting up the program. Each packet, once personalized for your ASG/BSB/MTF, is ready to go.

**Q**uestions may be directed to the Center for Health Promotion and Preventive Medicine Europe (CHPPM-EUR), Department of Health Promotion and Wellness (DHPW) at DSN 486-7099/8555 or CIV 06371-86-7099/8555. You may also E-mail CHPPM-EUR DHPW at [Wellness@cpe.amedd.army.mil](mailto:Wellness@cpe.amedd.army.mil)

## ***1. U.S. Civilian MASS Assessment Program***

- A. Management Packet
- B. Enrollment Packet
- C. Fitness Assessment Packet

## ***2. Appendices***

- A. Fitness Assessment Parameter Signs
- B. Fitness Assessment Station Signs
- C. Exercise History (Prenatal)
- D. Civilian Fitness Forms in German



# MASS ASSESSMENT PACKET





# MANAGEMENT PACKET



The Civilian Fitness Management Packet is designed to assist the Health Promotion Coordinator in structuring a standardized Civilian Fitness Program. Please take a few minutes to acquaint yourself with the Civilian Fitness Mass Assessment Management Packet.

Thank you for helping to improve the quality of life for the people in your community. You are a major key to achieving Readiness thru Health!

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# PROGRAM MANAGEMENT OVERVIEW

1. **Establish a local Memorandum of Instruction (MOI) for your ASG/BSB.** The policy memorandum needs to be signed by the ASG and/or BSB Commander (depending on your area). There is a sample policy memorandum in this packet, based on AR 600-63 (page 2), to assist you in this process.
2. **Establish the Civilian Fitness Program as a CHRMA class** for the civilians in the community by getting it listed on the CHRMA website at [www.chrma.hqusareur.army.mil](http://www.chrma.hqusareur.army.mil). A sample CHRMA Course Announcement, Memorandum of Request (page 6), instructions for completing DD 1556 (page 7), sample DD1556 (page 18), CHRMA Class Attendance Roster and CHRMA Certificate of Completion are all enclosed in this packet (pages 19).
3. **Market Civilian Fitness Program in your community.** The marketing of this program is essential in getting support and participation. The best way to ensure dissemination of the information to the civilian employees is through the XO's and Supervisors via email. In order to mobilize the community there are sample radio scripts, flyers, news articles and a calendar for the local media to assist you in this packet (page 8-10). On page 12 you will find an Initial Program Enrollment email message for interested participants.
4. **Distribute Civilian Fitness Packets to interested individuals in your community.** Establish a public folder, website or use your regular email account to assist in this process. Email is the best method of reaching the civilian employees. A public folder allows you to track how many participants have requested a packet. This gives you an idea of community interest versus community participation. It also helps to easily capture their email address, which you can add to the Civilian Fitness mail group. Keeping the Civilian Fitness Forms on your website can also be an avenue for interested participants to get information on the program.
5. **Hold Civilian Fitness Assessments at regular intervals that are well publicized to the community. Assessments occur every March and September in USAREUR.** Coordinate Fitness Assessments at the local fitness center once every 6 months. Pre and post assessments provide the participants with initial and feedback information on their health and fitness status. The pre and post assessments are conducted at the same time. For example, in March you will be doing the post assessments on those civilians that entered the program in September as well as enrolling new civilians in the program.
6. **Process packets and enter pertinent information into the Civilian Fitness Database.** The instructions for processing the packets are on page 9. To get a copy of the Civilian Fitness Database contact the CHPPM-EUROPE DHPW at 486-7099. Send the data to HQ once it has been entered into the excel spreadsheet.
7. **Create a Civilian Fitness Email group.** Send Civilian Fitness Participants weekly fitness and wellness tips. This mail group is also a good place to encourage Civilian Fitness participants to support each other, as well as send out Civilian Fitness Program update information. Keeping in contact with the participants is integral in keeping them motivated and working out throughout their 6 months.
8. **Notify participants who are due to complete their Civilian Fitness Program and give them their Civilian Fitness Final Assessment forms.** An email is included in this packet for your convenience (page 12). Individuals receive their final assessment at the local fitness center. The final assessment date marks the end of the program for current participants and also serves as the initial assessment date for incoming individuals in mass assessments.
9. **Continue to market to get new individuals to start the program at Civilian Fitness Program Process at Step 2 (above).**
10. **\*\*NOTE: Much of this packet is "Ready to Go". Please make sure to personalize e-mail messages and flyers with your contact information where appropriate. Items marked with XXX's need to be personalized. \*\***

# CIVILIAN FITNESS PROGRAM AUTHORIZATION

*AR 600-63*

FYI:

RTAUZYUW RUEADWD2806 0882125-UUUU-RUERMMA.ZNR UUUUU

R 261625Z MAR 96

FM HQDA WASHINGTON DC//DAPE-HR-PR

AIG 7405

BT

UNCLAS

SUBJ: CIVILIAN HEALTH PROMOTION PROGRAMS.

A. MESSAGE R111800Z MAR 96 SUBJ: CIVILIAN HEALTH PROMOTION.B.

AR 600-63, ARMY HEALTH PROMOTION

1. Reference a is rescinded.
2. Civilians employed by the army are encouraged to engage in a regular program of exercise and other positive health habits.
3. Commanders may approve up to 3 hours excused absence per week to allow employees to participate in command sponsored formal physical exercise training. This training will include participant evaluation both pre- and post- program, continuous monitoring during the program, and exercise and nutritional education. These activities must be an integral part of a total fitness program and are time-limited, that is, up to six months in duration.
4. While formal physical fitness programs may be repeated from time-to-time, employees will not normally be granted excused absence for physical exercise training once they have already received such training. This grant is intended to be limited to one time only. It does not apply to other training or professional development.
5. Beyond these situations, work schedules should be adjusted to permit training and exercise where possible and where consistent with workload and mission.
6. Installations interested in participating in fitness programs should contact the installation fit-to-win coordinator, community recreation or the community health nursing sections of the MEDDAC or MEDCEN. Further guidance for starting programs may also be obtained by calling the Center for Health Promotion and Preventive Medicine at Aberdeen Proving Grounds, MD at (410) 671-4656 or DSN 584-4656. Agencies may also consider contracting services from the U.S. Public Health Service, Division of Federal Occupational Health.
7. HQDA Health Promotion POC is LTC Newcomb, (703) 697-2448 or DSN 227-2448. BT

**DEPARTMENT OF THE ARMY  
HEADQUARTERS, XXth AREA SUPPORT GROUP  
Address  
APO AE**

Office Symbol

**XX XXX XXXX**

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: **XX**th Area Support Group Policy Memorandum for Civilian Fitness Program

**1. PURPOSE:** To provide guidance and establish procedures for the civilian fitness program within the **XX**th Area Support Group (ASG). The program authorizes DA Civilians and Local National employees up to three hours of excused absence per week for up to six months to engage in a formal exercise program. DA Civilians and Local Nationals may participate in the program one time during their careers.

**2. REFERENCES:**

- a. AR 600-63, 28 APR 1996, Army Health Promotion.
- b. USAREUR Pam 25-31, 11 Sep 97, Civilian Health Promotion Program Memorandum.
- c. CHPPM-EUR Civilian Fitness Program Guide, 25 MAY 2001.

**3. OBJECTIVE:** To establish a comprehensive fitness and wellness program ensuring a healthier overall workforce that is mentally and physically prepared to meet the challenges of current and future missions.

**4. APPLICABILITY:** All permanent Appropriated and Non Appropriated Fund Department of the Army Civilians, temporary Appropriated and Non Appropriated fund Department of the Army Civilians whose appointments are greater than 10 months, and permanent Local National employees.

**5. PROCEDURES:**

- a. Supervisors of Department of the Army Civilians will:

- (1) Coordinate a fitness schedule that designates the time during the workweek for program participation. Up to 3 hours per week will be annotated as administrative leave on the timesheet during the 6-month period of participation in the program. Supervisors should consider mission requirements, along with employee preference, when determining the Civilian Fitness Program schedule.

- (2) Verify employee is approved to begin the Civilian Fitness Program through the receipt of the Program Enrollment Approval Form.

- (3) Monitor employee participation in the program to ensure that allotted time is being used properly. Supervisors have absolute discretion to terminate their employee's participation based upon determination that the employee is not using the allotted time for program purpose and/or to change the designated schedule to meet mission requirements.

- (4) Encourage employees to actively pursue healthy behaviors and maintain fitness schedules.

- b. Department of the Army Civilian Fitness Program participants will:

- (1) Obtain Civilian Fitness Enrollment Packet and Participant Packet from the **XX**th ASG Health Promotion Coordinator by sending an e-mail to **XXXX**.

(2) Complete all steps in the directions for program enrollment in the e-mail and Enrollment Packet. The participant will not be given an Enrollment Approval Form without completing all steps listed in directions to start the program.

(3) Submit Enrollment Approval Form to their Supervisor to insure that participant is approved to begin exercising in the Civilian Fitness program.

(4) Maintain the Participant Packet fitness log to record Civilian Fitness Program activity (date, activity, time, and location). These forms will be used to track Civilian Fitness participation and will be available for periodic review by supervisors.

(5) Complete the Civilian Fitness Program at the end of the six-months by participating in a final assessment. Participants will not be recognized as completing the program without attending the final assessment.

c. Local National Employees will:

(1) Obtain Civilian Fitness Enrollment Packet and Participant Packet from the **XXth** ASG Health Promotion Coordinator by sending an e-mail to

(2) Complete all steps in the directions for program enrollment in the e-mail and Enrollment Packet. The participant will not be given an Enrollment Approval Form by the Civilian Fitness Coordinator without completing all steps listed in the directions to start the program to include receiving medical approval from their health care provider.

(3) Submit Enrollment Approval Form to their Supervisor to insure that participant is approved to begin exercising in the Civilian Fitness program.

(4) Maintain the Participant Packet fitness log to record Civilian Fitness Program activity (date, activity, time, and location.) These forms will be used to track Civilian Fitness participation and will be available for periodic review by a supervisors.

(5) Complete the Civilian Fitness Program at the end of the six-months by participating in a final assessment. Participants will not be recognized as completing the program without attending the final assessment.

d. Health Promotion Coordinator will:

(1) Obtain the Civilian Fitness Program Management Packet by contacting CHPPM-EUR HQ at 486-7099/8555 and implement the Civilian Fitness Program as directed in the Management Packet.

(2) Ensure that interested individuals receive the Civilian Fitness Program Enrollment Packet and the Civilian Fitness Participant Packet.

(3) Coordinate Civilian Fitness Program Initial and Final Assessment for participants.

(4) Track program participants to ensure that their enrollment packets are completed and that participants complete the final program assessment.

(5) Send data and files to the CHPPM-EUR HQ office at the completion of the participant's six-month program so that files may be stored for 2 years.

## **6. PROGRAM CRITERIA:**

a. Civilian Employee participants will start and finish each exercise session within the confines of the installation.

b. Exercising will be performed independently. Suggestions for execution of this program include walking, jogging, running, exercise classes and/or utilizing the fitness center equipment.

c. The allotted 3 hours of excused absence per week will not exceed 1 hour of exercise per day to include preparation time. Participants may extend this time in conjunction with lunch hour or by exercising at the beginning or end of their shift.

d. Any medical fees incurred and/or any fees associated with joining MWR Fitness Programs are the responsibility of the participant.

**7. FOR MORE INFORMATION:** This memorandum and all enclosures may be obtained by contacting the **XXX** Area Support Group Health Promotion Coordinator at **XXXX**.

**8. "GET FIT WITH CIV FIT."**

//original signed//  
ASG CDR  
COL, XX  
Commanding

DISTRIBUTION: A

DEPARTMENT OF THE ARMY  
XXth AREA SUPPORT GROUP  
Address  
APO AE

Office Symbol

XX XXX XXXX

MEMORANDUM FOR XXXX, CPOCEUR, Registrar

SUBJECT Course Announcement On-Line Enrollment, XXth ASG Civilian Fitness Program

1. Course Name: Civilian Fitness
2. Course Length: 6 months. Mandatory pre assessment and post assessment dates are set through individual appointment.
3. Purpose: Civilians employed by the U.S. Army are encouraged to engage in a regular program of exercise and other positive health habits per DA Message R111800Z, AR 600-63, Army Health Promotion. This program is limited to one time only to each civilian full-time employee. This program is not intended to be repeated.
  - Description: In this course, you will have a total of 3 hours per week for a period NTE 6 calendar months to exercise during normal duty hours, to include the opportunity to participate in education classes offered through the local health clinic Audience: DA employees interested in improving their health by engaging in weekly exercise and attending education classes. This program is limited to DA employees of **XXX (list communities involved in the program)** communities.
4. Prerequisites:
  - a. Desire to set health improvement goals and work towards achieving them.
  - b. Make a commitment to the program.
  - c. Actively seek health education by participating in classes offered and taking physical fitness seriously.
  - d. Fill out all forms and participate in both pre and post fitness assessments.
5. POC: **XX, XXth** ASG Health Promotion Coordinator, DSN **XXX**.

//original signed//

**XXX**

HEALTH PROMOTION, GS-12

**XXTH** AREA SUPPORT GROUP

# INSTRUCTIONS FOR COMPLETING DD1556

Participants may obtain a DD1556 to complete through Formflow or through the USAREUR Pubs. website at:  
<http://web1.whs.osd.mil/icdhome/DD1500-.htm>

NOTE: Participants must bring their completed DD1556 signed by their Supervisor to be accepted into the CIV FIT Program.

## 1. Complete Section A - Trainee / Applicant Information

**Block 15** - Leave Blank

## 2. Complete Section B - Training Course Data with the following information:

**Block 17** - CIVILIAN FITNESS PROGRAM

**Block 18** - The Civilian Fitness Program is a six-month program that authorizes the full time employee to exercise up to three hours a week during duty time. Exercise will take place at or near the installation fitness center where they work. The program is designed to encourage a regular program of exercise, leading to positive health habits and an improved quality of life.

**Block 19** - a. XX ASG Health Promotion Office (CHPPM-EUR)

b. Your mailing address here

c. Fitness Center at Employee's Duty Location

**Block 20** - a. 4      e. N      i. 3  
b. 5      f. U      j. 6  
c. A      g. 1      k. N/A  
d. 0      h. 1      l. 4

**Block 21** - a. 75      b. 0      c. 75

**Block 22** - a. N/A      b. N/A      c. N/A

**Block 23** - a. Enter the date of your WAR Screening Appointment.

b. Enter the date 6 months from your WAR Screening Appointment.

## 1. Complete Section C - Cost Information.

**Block 24** - X in the box and skip the remainder of questions in Section C.

## 2. Complete Section D - Approval / Concurrence / Certification

**Block 32** - Enter Supervisor's information and obtain signature.

**Block 33** - Enter Supervisor's information and obtain signature.

**Block 34** - a. Health Promotion Coordinator's Name Here

b. (314) Your DSN number here

c. Health Promotion, XXX ASG (It will be signed later.)

**Blocks 35-38** - Leave Blank.

Submit the completed DD-1556 at your Civilian Fitness Appointment. You must have your supervisor's signature in Blocks 32c. and Blocks 33c in order to start CIV FIT.

# LOCAL MARKETING PLAN

(Page 1 of 3)

1. Contact your local Public Affairs Office to use their support to market the program. Marketing should be initiated six to eight weeks before the initial assessment date. Be sure to direct people to sign up for the Civilian Fitness Program by enrolling on-line at [www.chrma.hqusareur.army.mil](http://www.chrma.hqusareur.army.mil).
2. Contact the AFN station that is responsible for your community. Create local radio and TV spots that market Civilian Fitness. There is a sample radio script included in this packet that can also be used as the voice over for a television piece (see below). Please keep in mind if you create your own radio script that it can be no longer than 27 seconds. AFN can use file footage of civilians exercising as the visual accompaniment to the voice over. Request that AFN air the spot as a recurring spot until notified to stop.
3. Place an article that describes the Civilian Fitness Program in the community newspaper. There is a sample news article included in this packet.
4. Send an e-mail through the Community Commander to be distributed widely throughout the community via e-mail that gives information on the Civilian Fitness Program. There is a sample e-mail included in this packet.
5. Create posters and flyers that market the Civilian Fitness Program and place them in areas with civilian employees frequent to include: mail rooms, fitness centers, libraries, food courts, AAFES, DECA, chapels, etc. There is a sample Civilian Fitness flyer in this packet.

## *SAMPLE RADIO SCRIPT*

Calling all DA Civilians... Do you want to get fit but cannot seem to find the time? If so, we have just the program for you! Join the CIVILIAN FITNESS PROGRAM, and you can have three hours each week to get fit as a part of your workday for the next six months. Tell your family members to sign up and get fit with you.

To get your enrollment packet contact the Health Promotion Office at [health@xxxxx.xxxx.army.mil](mailto:health@xxxxx.xxxx.army.mil) or call DSN XXX-XXXX. Screenings are scheduled for XXX date and XXX location so get your enrollment packet today. The time to get fit is now- contact the Health Promotion Office at [health@xxxxx.xxxx.army.mil](mailto:health@xxxxx.xxxx.army.mil) to start the Civilian Fitness Program today!

## *SAMPLE NEWS ARTICLE*

Like the Army's focus on maintaining physical fitness among its soldiers, the XXX Area Support Group's Civilian Fitness Program will help improve morale, relieve stress and minimize health risks, according to officials. The program, which allows civilian employees to be excused from work for three one-hour sessions a week for up to six months, will kick off with an enrollment fair, **DATE, LOCATION**.

"If we're not stressed out at work we'll feel better, and we'll be more productive at work," said **NAME**, Health Promotion Coordinator. "Staying fit increases the work performance and decreases the chance of illness or injury."

"It's really intended to establish a foundation for the employee," **XXX** said. "The program is a one-time deal to get people started while they are here and, hopefully, encourage them to continue on."

Although completely voluntary, civilian employees must coordinate the terms of their fitness program times with their supervisors. Exercise periods may be combined with either one of the employees' breaks, or their lunch periods. Unused exercise hours may not be carried forward to subsequent weeks. Supervisors are encouraged to adjust work schedules to permit training and exercise where possible and consistent with the workload and mission.



# LOCAL MARKETING PLAN *(CONT.)*

(Page 2 of 3)

## *ARMY FITNESS PROGRAM HELPS CIVILIANS SHAPE UP*

An Army program, gaining popularity throughout Europe, helps civilian employees shape up their bodies in hopes it will also shape up their job performance. The fitness program allows U.S. Army civilians to spend up to three work hours a week exercising in a group or on their own. The program lasts for six months.

The Army hopes, in return, to gain healthier employees which translates into better workers and fewer days missed from illness or poor health, according to **XXX**, who heads up the program for the **XXth** Area Support Group based in **XXX**. "The Army will invest less in treatment (for employee health problems) if it invests more money and effort into prevention and nutrition," she said.

Employees wishing to participate must first get approval from their supervisors, then complete an enrollment packet and sign a contract promising to use the unmonitored three hours to exercise.

**XXX**, who is also the ASG's health promotion coordinator, says the program is meant to be a stepping stone to a healthier lifestyle by getting individuals use to exercising. "After the six months are up, the employees are no longer authorized to take time during the work day," **XXX** said. "The idea is that the fitness routine will become part of their lifestyle, and they'll find the time to do it on their own."

"Taking care of yourself and staying fit is an investment in the future," **XXX** said. For one thing, it's making it more likely that you'll be around to enjoy your grandchildren."

Within the **XXth** ASG, there are about 150 people enrolled in the program. The **XXXth** Base Support Battalion in **XXX**, which is part of the ASG, has roughly 30 enrollees, including **XXX**, an administrative assistant. "This gives me the chance to keep physically fit, but still do my job," **XXX** said. "My days go much better now. I think the exercising helps me get rid of my stress so that I'm more productive at work each day." **XX** initial goal with the program was to improve her muscle tone and strength. She joined a Kickboxing and body-sculpting group that meets Monday, Wednesday, and Friday. "It's much easier to do this with others," **XXX** said. "It's so hard to try to do it on your own. Working in a group is so much more motivating."

**XXX**, an operations assistant for the BSB, takes the opposite approach to exercise. "I prefer to work out on my own," **XXX** said. "When you are depending on other people to work out with you, they may not show up or they may not be dedicated to getting fit as you are." **XXX** begins her six-month program on Monday and said her three hours will be invaluable. "I'm a full-time employee, mom, and wife," Burnett said, "It's hard to find time to exercise." But she expects to find time when, in August, her six months are up. "I'll have to squeeze it in after work some time. But I'll be fit, and I'll want to keep exercising to stay that way," she said.

Registration periods for the program vary at each installation in Europe. For details, including the name of the local fitness program coordinator, call the Center for Health Promotion and Preventive Medicine at DSN 486-7099.

# LOCAL MARKETING PLAN (CONT.)

(Page 3 of 3)

## SAMPLE FLYER (POWERPOINT FILES AVAILABLE)

123<sup>rd</sup> BSB  
Civilian Fitness Program

### Key to Good Health

Unlock the door to a new and healthier you by signing up today.

To find out more about using up to 3 duty hours a week for 6 months to get fit contact your Health Promotion Coordinator at XXX-XXXX!

Enroll online at: [http://www.chrma.hqusa.army.mil/training/asp/sched\\_open.asp](http://www.chrma.hqusa.army.mil/training/asp/sched_open.asp)



### You've Got a GREEN Light!

Civilian Fitness Program



You want to know how you can use up to 3 hours working time per week for 6 months to get fit? Contact your Health Promotion Coordinator at XXX-XXXX!

Enroll online at: [http://www.chrma.hqusa.army.mil/training/asp/sched\\_open.asp](http://www.chrma.hqusa.army.mil/training/asp/sched_open.asp)



### Now is the Time!

Civilian Fitness Program



For information about how you can use up to 3 duty hours per week for 6 months to get fit, contact your Health Promotion Coordinator at XXX-XXXX!

Enroll online at: [http://www.chrma.hqusa.army.mil/training/asp/sched\\_open.asp](http://www.chrma.hqusa.army.mil/training/asp/sched_open.asp)



# PARTICIPANT PACKET

## PROCESSING INSTRUCTIONS

**\*\* Please review Section B, the Civilian Fitness Enrollment Package to better understand the following process:**

### *INITIAL ENROLLMENT PROCESSING:*

1. Verify that all documents are complete in the enrollment packet.
2. Determine participants ID code : Date of assessment (day, month, year) and first initial of First Name, MI, and Last Name.  
Example: Jane Marie Doe, assessment date: October 12, 2001. ID: 12102001JMD
3. Record Participant information and Initial Assessment results in the Civilian Fitness Database
4. Enter the Participant's start date in the database numerically as Month/Day/Year so that it is easy to identify participants that are near the end of their program. Each Civilian Fitness Program enrollment period can be a separate page in the spreadsheet or a separate document to further ease processing.
5. Place incomplete packets aside until the following month.
  - a. If the documents or assessment have not been received at that time, e-mail the employee and cc: the supervisor a Civilian Fitness Disenrollment Notification E-mail Message. There is an e-mail message included in this packet (page 10).
  - b. For packets that have remained incomplete for 2 months, note participants as class drop outs on the CHRMA Class Attendance Roster (located on page 14) and send a Civilian Fitness Disenrollment Notification E-mail message. This e-mail message will serve as the memo explaining why the Civilian Fitness Program was not completed.
6. Add new Civilian Fitness Participants to the Civilian Fitness E-mail group.
7. Pull completed HEAR Forms from the Civilian Fitness File and send to SAIC.
  - a. Ensure forms are coded appropriately for civilians.
  - b. How to code for Local Nationals: put 999-99-9999 in the Social Security space and let SAIC know that you will be sending them a batch of LN Hears. It is also important to have the LNs put their work mail address (APO preferable) so that they can receive their results.
8. Store files by Civilian Fitness start date (Month/Year) to facilitate Final Appointment Processing 6 months later.

### *FINAL APPOINTMENT PROCESSING:*

1. Access spreadsheet for participants who will finish the Civilian Fitness Program the following month.
2. Send participants an e-mail reminding them to schedule their final Assessment (the e-mail is in this packet, page 10). Be sure to furnish copy to supervisors of participants. Attach the Final Assessment Instructions and Checklist (Enrollment Packet, page 5).
3. Pull files for the final assessment date and coordinate final assessment support with Fitness Center, Wellness Center or Medical Treatment Facility, depending upon your local community structure.

### *COMPLETED CIVILIAN FITNESS PROGRAM FILES:*

1. Verify that all documents are complete in the packet.
2. Record Participant information and Final Assessment results in the Civilian Fitness Database.
3. Send completed Civilian Fitness Program File to CHPPM-EUR HQ for final processing and storage. Send completed CHRMA Class Attendance Record (located on page 14) for the 6-month class period to the CHRMA Class POC for your area
4. Complete CHRMA Civilian Fitness Certificate (located on page 15) on Civilian Fitness Participants who complete the program. Have the Commander sign the certificates and send them to the participants via MPS. There is a sample Civilian Fitness Completion Award in this packet (page 13).

# INITIAL PROGRAM ENROLLMENT

## E-MAIL MESSAGE

E-MAIL SUBJECT LINE: *CIVILIAN FITNESS INITIAL PROGRAM ASSESSMENT XXX*  
(DATE) AND XXX(LOCATION)

Dear Participant,

Thank you for your interest in the Civilian Fitness Program. We'd like to congratulate you for taking the first step towards Wellness and taking responsibility for your health!

We've learned from published studies that a single approach to exercise and nutrition doesn't work for everyone.

This program is designed for you to get the most out of your own personal fitness program.

The Center for Health Promotion and Preventive Medicine - Europe (CHPPM-EUR) and USAREUR MWR Sports and Fitness are pleased to offer this program to you, IAW AR600-63, Army Health Promotion. When you are ready to start, follow the below easy steps to enroll. **It's really that simple!** Think of life as being full of choices. Your choices can be positive or negative, or you can choose the procrastinator's option, which is no choice. Enroll today....**GET FIT with CIV FIT!**

### *STEPS TO ENROLL IN THE CIVILIAN FITNESS PROGRAM ARE:*

1. Complete all documents and set-up your Civilian Fitness File according to instructions in the Civilian Fitness Enrollment Packet. You also must obtain your supervisor's signature on the Civilian Fitness Supervisor/Employee Participation Agreement. You will not be able to start the program without completing these important steps.
2. Schedule your Civilian Fitness Assessment by calling **XXX-XXXX (DSN)** or **XXXXXX-XX-XXXX (CIV)**. The next enrollment date is **XXX** and will be at **XXX** (location).
3. Arrive at your Civilian Fitness Assessment 15 minutes early. Please come dressed for light exercise. **BE SURE TO BRING COMPLETED ENROLLMENT PACKET, OR YOU WILL NOT BE ASSESSED.**
  - Avoid drinking caffeine or using tobacco products for two hours before your appointment as these products may cause an elevated blood pressure reading.
  - The entire appointment should last less than one hour.
4. You must be reassessed at the end of your six months in order to complete the program. This reassessment will provide feedback on your progress.

Attached to this e-mail are the Civilian Fitness Enrollment Packet and the Civilian Fitness Participant Packet. The Civilian Fitness Assessment is the start of the program and counts as your first hour of participation in the program.

Congratulations for taking the first step towards a healthier you! Point of contact is (Name), **XXX** BSB Health Promotion Office at **XXXX**.

PLEASE NOTE: We have recently implemented a new process to provide better service to you. Please be patient with us if there are still a few hiccups in the system. Let us know what is working well and what we still need to improve- we appreciate your feedback!

**Get Fit with CIV FIT!**

Name

Title

**XXX** BSB Health Promotion Office

DSN: CIV:

FAX: CIV:

E-mail:

# DISENROLLMENT NOTIFICATION

## *E-MAIL MESSAGE*

Dear Civilian Fitness Participant:

We regret to inform you that according to our records you are about to be disenrolled from the Civilian Fitness Program for the following reason(s):

Your Civilian Fitness file is missing the following documents: (list missing documents)

Please fax the document(s) listed above to the Health Promotion Office.

**If we do not have the issue with your file resolved within 10 working days you will be noted as having dropped the class on the CHRMA Class Attendance Roster.**

This action may prevent you from enrolling in the Civilian Fitness Program in the future. Please note that this is the only notice that you will receive regarding disenrollment.

If you believe that you received this e-mail in error, please reply immediately so that we can verify our records with you.

Respectfully,

Name

Title

**XXX** BSB Health Promotion Office

DSN: CIV:

FAX: CIV:

E-mail:

# FEEDBACK SHEET

1. The program has helped me:
 

• Lose/maintain weight	YES	NO
• Sleep better	YES	NO
• Feel good about myself	YES	NO
• Be more productive	YES	NO
• Use less sick time	YES	NO
• Others: _____		
  
2. I have been able to exercise consistently (at least 3 X/week)  
(at least 2 X/week)  
(once/week)
 

YES	NO
-----	----
  
3. I plan to continue exercising on my own personal time.
 

YES	NO
-----	----
  
4. I would recommend this program to others.
 

YES	NO
-----	----
  
5. My overall satisfaction with the program: (choose below) \_\_\_\_\_
  - A - Very satisfied
  - B - Satisfied
  - C - Somewhat satisfied
  - D - Not satisfied
  
6. Any other suggestions or comments? If you stopped exercising, please list reason/s:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# FINAL ASSESSMENT REMINDER

## *E-MAIL MESSAGE*

***E-MAIL SUBJECT LINE: CIVILIAN FITNESS FINAL ASSESSMENT XXX (DATE)  
AND XXX (LOCATION)***

Dear Civilian Fitness Participant:

According to our information in your Civilian Fitness File, you will be finishing your 6th month of the Civilian Fitness Program within the next 30 days. Please ensure that the following steps are completed in order to be eligible for the Civilian Fitness Award.

1. Complete the Civilian Fitness Final Assessment Instructions and Check List (attached).
2. Schedule your Civilian Fitness Assessment by calling **XXX-XXXX** (DSN) or **XXXXX-XXXXXX** (CIV). The next assessment date is **XXX** (date) and will be held at **XXX** (location).
3. Please arrive at your civilian fitness assessment dressed for light exercise. BE SURE TO COMPLETE THE ATTACHED DOCUMENTS (DD Form 1556, AND BRING THEM WITH YOU, OR YOU MAY NOT BE REASSESSED.
  - Avoid drinking caffeine or using tobacco products for two hours before your appointment as these products may cause an elevated blood pressure reading.
  - The entire appointment should last less than one hour.
4. You must attend your reassessment in order to complete the program and be eligible to receive the Civilian Fitness Award.
5. Failure to complete the final assessment may result in an "Incomplete" notification to be forwarded to your supervisor. Supervisors may, at their discretion, request that the time allotted for the program ( up to 76 hours) as "Administrative Leave" be replaced as "Annual Leave". To avoid reduction in vacation time, remember to call DSN **XXX-XXXX** to schedule your post program assessment.

***Congratulations on sticking with the program! Point of contact is (Name), XXX BSB  
Health Promotion Office at XXXX.***

***GET FIT WITH CIV FIT!***

Name

Title

**XXX** BSB Health Promotion Office

DSN: CIV:

FAX: CIV:

E-mail:

# CIVILIAN FITNESS SPECIAL SITUATION SOP

Every program has those special situations or questions that need to be addressed individually to resolve. The list below is not “all inclusive” but provides guidance on how to address special situations as they occur.

**ISSUE:** Participants who have a medical problems identified during the assessment.

**DISCUSSION:** These participants should not be officially started into the program until they have been medically cleared. Participants should see their medical providers within one month of their fitness assessment, or they will be considered a non-enrollee and will have to be complete the initial enrollment procedure (to include the fitness assessment) at a later date.

**RECOMMENDATION:** Participants who require medical approval should submit the medical approval form to the Fitness Coordinator within one month of the initial assessment, or they will be considered non-enrollees. Participants will not be given extra time in their Civilian Fitness Program and will be required to complete their final assessment 6 months after their initial fitness assessment date.

---

**ISSUE:** Participants who signed up, then after a few weeks contact you to say, “I never really started. It’s just not a good time.” Do we re-enroll them again later?

**DISCUSSION:** The program policy gives the participants a one-time participation period for six months. Participants may be dropped without penalty of re-enrollment only if the Civilian Fitness Coordinator receives written verification from the Supervisor within one month of the initial fitness assessment stating that the employee did not start the program (i.e., the employee did not utilize any work time to exercise.)

**RECOMMENDATION:** Require written verification from the supervisor that the employee did not start the program. Notification must be received within one month of the initial fitness assessment date.

---

**ISSUE:** Participants who become ill with a good, valid excuse.

**DISCUSSION:** During the participation period, a participant may get sick and not be able to attend exercise sessions as scheduled. A process should be developed that would not penalize this individual for illness.

**RECOMMENDATION:** Participants who contract illnesses that prevent exercising (to include walking) for a period of one month or longer will immediately notify the Health Promotion Coordinator or program POC. At this time the program participation time will stop and the participant will be disenrolled once a sick slip is received from the participant’s medical provider stating that the participant cannot exercise due to illness and should be disenrolled from the program. The participant will receive an e-mail from the program administrator stating that he/she has a credit of **XX** hours to restart the program after reconvalescence.



# CIVILIAN FITNESS SPECIAL SITUATION SOP (CON'T)

**ISSUE:** Participants that are pregnant

**RECOMMENDATION:** There will be no fitness testing done on a participant who is identified as pregnant. In order for the person to best utilize the Civilian Fitness Program, advise them to wait until after the pregnancy to enroll in the program. If the individual still wants to enroll, it is important to ask the pregnant participant for information in order to get an accurate fitness level. As an option, use the Exercise History (prenatal) Form (page XX) to determine the activity/fitness level of the pregnant participant. If a pregnant woman enrolls in the program and later decides to disenroll due to complications with her pregnancy, she will not be able to enter the program again. If a woman joins the Civilian Fitness Program and later finds out she is pregnant she may disenroll and re-join the program at a later enrollment date.

---

# SUGGESTED WEBSITES FOR HEALTH- AND FITNESS TIPS

For websites to be "reliable and credible, they now have "seals of approval" that users can see. These seals indicate that the sites are reliable and credible because they are regulated by accrediting agencies, sort of like JCAHO. Some seals/accreditations are: URAC, HONCode and Trust-E. Websites pay \$\$ to these accrediting agencies (like hospitals to JCAHO) in order for them to review, critique and pass accreditation. Here are some references:

<http://www.hon.ch/HONcode/>  
<http://www.truste.org/>  
<http://webapps.urac.org/websiteaccreditation/default.htm>  
[www.intelihealth.com](http://www.intelihealth.com)  
[www.5aday.org](http://www.5aday.org)  
[www.deliciousdecisions.org](http://www.deliciousdecisions.org)  
[www.eatright.org](http://www.eatright.org)  
[www.acsm.org](http://www.acsm.org)  
[www.americanheart.org](http://www.americanheart.org)  
<http://navigator.tufts.edu>  
[www.fitday.com](http://www.fitday.com)  
<http://www.mayoclinic.org/healthinfo/>  
<http://www.laurushealth.com/healthyliving/healthyliving.htm>  
<http://www.healthinkonline.com/>  
<http://www.buildingbetterhealth.com/>  
<http://www.realage.com/index.aspx>  
<http://www.healthinvest.org/content/home.aspx>

**DEPARTMENT OF THE ARMY  
US ARMY CENTER FOR HEALTH PROMOTION AND PREVENTIVE  
MEDICINE-EUROPE  
DEPARTMENT OF OCCUPATIONAL HEALTH AND EPIDIMIOLOGY  
CMR 402  
APO AE 09180**

*MCHB-AE-MO*

*18 JULY 2002*

*SUBJECT: Information on Work Related Traumatic Injury*

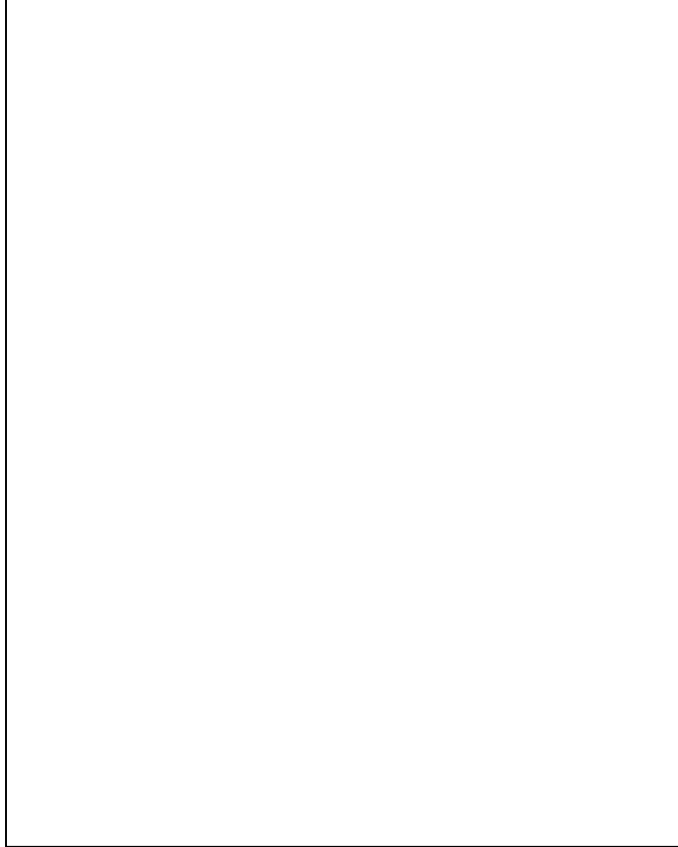
- 1. When employee sustains traumatic injury a CA-1 form needs to be completed by the supervisor, or the employee, or someone acting on the employee's behalf. This form is used when the injury is likely to result in medical charge or if it is anticipated that the employee might lose time from work as the result of the injury.*
- 2. When an injured employee requires follow up medical care a CA-16 form needs to be completed by the supervisor (part A), and by the physician (part B). This form authorizes medical care for up to 60 days.*
- 3. An injured employee can also be seen in a US Army medical facility without a CA-1 form and this form can be completed within 30 days of the injury. The CA-1 form can then be used to receive reimbursement from the Office of Worker's Compensation fund after the injured worker has paid for their medical care.*



*William C. Jacobs  
Occupational Health Nurse Consultant  
Center for Health Promotion and Preventive Medicine*

# COMPLETION AWARD SAMPLE

*POWERPOINT FILE AVAILABLE*



# DD FORM 1556

(FORM AVAILABLE ON FORMFLOW)

<b>Circle the appropriate copy designator.</b>		Copy 1- AGENCY (TRAINING/PERSONNEL FOLDER) Copy 6- AGENCY (FINANCE/DISBURSING, TUITION)	Copy 7- AGENCY (FINANCE/DISBURSING, BOOKS, ETC) Copy 8- AGENCY (EMPLOYEE)	Copy 10- ACTIVITY (OPTIONAL USE)
<b>REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT</b>				
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)		B. Standard document number (Org identifier/FY/Doc./type code/Serial Number)		C. Request Status or Process Code (X one) (1) Initial      (2) Resubmission (3) Correction      (4) Cancellation
D. Amendment No.				
<b>Section A - TRAINEE / APPLICANT INFORMATION</b>				
1. Name (Last, First, Middle Initial)		2. 1st 5 letters of last name	3. Social Security Number	4. Ed. level
5. Continuous Federal Svc a. Years      b. Months				
6. Home Address (Street, City, State and ZIP Code) (optional)		7. Phone Numbers (Include area code) a. Home b. Office		8. Position Title
11. Organization Name		(1) Commercial      (2) Autovon		9. Position Level (X one) a. Executive b. Manager
12. Organization Mailing Address (Include ZIP)		13. Organization UIC		10. Pay Plan / Series / Grade / Step (Rank/MOS/AFSC/or Navy Designator)
		16. Are you handicapped or disabled? (X one) Yes      No		14. Type of Appointment c. Supervisory d. Non-Supervisory e. Other (Specify)
				15. No. Prior non-government training days
<b>Section B - TRAINING COURSE DATA</b>				
17. Course Title		19. Recommended Training Source, School or Facility a. Name b. Mailing address (Include ZIP)		
18. Training Objectives (Benefits to be derived by the Government)		c. Location of training site (If other than 19b)		
20. Course Codes a. Purpose      f. Security Clearance      k. Training Program b. Type      g. Allocation Status      l. Reason for Selection c. Source      h. Priority      23. Training Period (YYMMDD) d. Special Interest      i. Training Level      a. Start e. Training Vendor      j. Method of Training      b. Complete		21. Course hours (4 digits) a. Duty      b. Non-duty      c. TOTAL		22. Course Identifiers a. SAID      b. Catalog / Course No. c. Offering / TLN
<b>Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)</b>				
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box				
25. Direct Costs a. Tuition cost b. Books, material, other costs c. Total direct costs d. Funding source		26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs 28. Labor Costs		27. Accounting Classification  29. Signature of Fiscal Officer (Follow local procedure)
31. Job Order No.		30. Total of Direct & Indirect Costs		
<b>Section D - APPROVAL / CONCURRENCE / CERTIFICATION</b>				
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)				
a. Typed Name (Last, First, Middle Initial)		b. Phone number (Include area code)		33. Training Officer: I certify this training meets regulatory requirements.
c. Signature & Title		d. Date		a. Typed Name (Last, First, Middle Initial)
				b. Phone number (Include area code)
34. Authorizing Official a. Action (X one)      (1) Approved      (2) Disapproved b. Typed Name (Last, First, Middle Initial)		c. Phone number (Include area code)		c. Signature & Title
d. Signature & Title		e. Date		d. Date
35. Course Acceptance (To be completed by school official) a. Accepted      b. Not Accepted      c. School Official Signature      d. Date				
36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo.      b. Actual Completion Date (YYMMDD)      c. Grade				
37. Billing Instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to:				
d. Signature & Title      e. Date				
38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature      c. Date Signed d. DSSN Number      e. Check Number      f. Voucher Number				
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.				

DD Form 1556, MAR 87      Previous edition may be used until exhausted.      DoD exception to SF 182 approved by GSA/IRMS 11-86.      USAPPC V3.00

# CHRNA CLASS ATTENDANCE ROSTER

(WORD DOCUMENT AVAILABLE)

[illegible]

# CHRNA CERTIFICATE

(WORD DOCUMENT AVAILABLE)



DEPARTMENT OF THE ARMY

**CERTIFICATE OF TRAINING**

This is to certify that

**First & Last Name**

has successfully completed

**Civilian Fitness Program**  
**15 JAN-15 JUN 2001**  
**(72 Hours)**

Given at: City, Country

---

First & Last Name  
Health Promotion Coordinator, CHPPM-EUR



# SAMPLE PROGRAM DATABASE

(EXCEL SPREADSHEET AVAILABLE)

Email	Name	Age	DSN	BP	MD	Height	Weight	Waist	Hip	W/H	Step Test	Flex. Unit	Supervisor	Superv.e-mail
		53	148/88		yes	72.5	256	44.5	43	1.03	110	14	43SCO	
		35	98/64			64	178	31.5	43	0.73	152	16	293rd BSB	
		33	120/70			64	153	33	38	0.87	104	16.5	CPOC	
		23	126/62			63.5	139	30.5	38.5	0.79	144	21	CPOC	
		48	122/60			68.5	186	38	39.5	0.96	95	12	HQ	
		52	126/64			64	149	33	40	0.82	172	15.5	OIG	
		25	132/68			62.5	178	37	43	0.86	170	17.5	HQ	
		48	122/70			66	174	33	43	0.77	110	14.5	OIG	
		24	110/38			66	138	30.5	36.5	0.83	120	25	411	
		53	118/70			64	143	28	38.5	0.73	alt.test	20	ERMC	
		42	114/62			66.5	125	27.5	36	0.76	90	21	USAMH	
		50	112/68	R		68	168	35	39	0.89	102	16	DCSPER	
		53	128/86			70	250	44	44.5	0.99	120	20	HQ	
		49	120/60			65	17	35	40	0.88	119	21.5	COE	
		48	120/82			67.5	230	41.5	44	0.94	119	14.7	PERSCOM	
		56	112/62			67	198	41	42	0.98	100	22.5	ODCSIWT	
		57	124/70			69.5	222	41	42	0.98		12.5	ODCSENG	
		41	102/64			64	133	28	37	0.76		20	ODCSOPS	
		53	138/88			65.25	296	46	62	0.74	alt.test	18	26asgDRM	
		57	122/60			67.5	225	43	44	0.98		13	ODCSLOG	
		52	138/80			69	209	40.5	42.5	0.95	101	19	ODCSINT	
		47	122/66			58	107	26	32.5	0.8	73	22.5	N/A	
		34	106/70			67.5	154	31	37.5	0.83	129	22	411	
		28	110/68			65.5	153							
		36	114/78			65	161	32	40	0.8	150	20.5	411	
		41	120/88	R		69	186	35	39	0.9	106	24	Vcorps	
		44	102/72			65	135	29	37	0.78	173	14.5	DCSOPS	
		52	140/86	R		63.5	188	42	41	1.02	125	13.5	ODCSENG	
		41	130/88			66.5	140	28	39	0.72	121	20	DCSLOG	
		49	168/94			61	136	27	37	0.73	83	20	43	
		52	132/88	R		67.5	274	47.5	49	0.97	alt.test	11.5	DCSONGR	
		38	100/66			65	170	29	42	0.69	115	21	DCSPER	

# FITNESS CENTER SIGN-IN/SIGN-OUT LOG SAMPLE

(EXCEL SPREADSHEET AVAILABLE)

Civilian Fitness Sign In & Out Roster for the Month of _____, 2002										
Day	Time In-Out	Time In-Out	Time In-Out	Time In-Out	Time In-Out	Time In-Out	Time In-Out	Time In-Out	Time In-Out	Day
1st										1st
2nd										2nd
3rd										3rd
4th										4th
5th										5th
6th										6th
7th										7th
8th										8th
9th										9th
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27th										27th
28th										28th
29th										29th
30th										30th
31st										31st





# ENROLLMENT PACKET





# ENROLLMENT PACKET



**W**elcome to the Civilian Fitness Program! We appreciate your interest in the Civilian Fitness Program and hope to make the process of enrolling in the program as simple as possible. Please take a few minutes to acquaint yourself with the Civilian Fitness Program Enrollment Packet.

**T**he Civilian Fitness Enrollment Packet is designed complete all the steps necessary to enroll DA Civilians in the Civilian Fitness Program. It is important to note that you will not be enrolled in the program unless all paperwork is complete and you have received medical approval to start the program. When you are approved for the program, you will receive an Enrollment Approval form.

***Congratulations for taking the first step to getting fit and staying fit!***

## TABLE OF CONTENTS

1. Initial Fitness Assessment Instructions & Checklist .....	1
2. Medical Considerations /Health History Form .....	2
3. Informed Consent .....	3
4. Supervisor/Employee Participation Form .....	4

If you have any questions regarding the Civilian Fitness Program process please contact the CHPPM-EUR Department of Health Promotion and Wellness at DSN 486-7099/8555 or CIV 06371-86-7099/8555.



# INITIAL FITNESS ASSESSMENT

## INSTRUCTIONS & CHECKLIST

**Please follow the instructions carefully to ensure that your file is set up properly. Please complete these instructions BEFORE SCHEDULING your Fitness Assessment.**

1. Complete all of the documents in the Civilian Fitness Enrollment Packet.  
Be sure to complete the Civilian Fitness Participation Agreement to include:
  - Location of exercises (fitness center closest to your work place).
  - Dates of program (the program start date is the Civilian Fitness Assessment and the end date is 6 months after the start date)
  - Days of the week and times agreed that the employee will exercise. Scheduling exercise at a regular time is key to program success.
2. Set-up your CIV FIT Manila File Folder. The file must be complete in order to be assessed at your appointment. All documents are in a top to bottom order.

**Please assemble your folder in the following order:**

Written on the Label Side of the Folder (for Filing):

\_\_\_\_\_ LAST NAME, FIRST NAME printed in CAPS

\_\_\_\_\_ Fitness Assessment Date (example: 15 MAR 2001)

**Stapled on Inside Left of Manila File Folder:**

\_\_\_\_\_ Completed Participation Agreement signed by your supervisor and you.

**Stapled on Inside Right of Manila File Folder:**

\_\_\_\_\_ Fitness Assessment Sheet (You will receive this at your Fitness Assessment)

\_\_\_\_\_ Completed Health History Questionnaire signed by you and reviewed by Fitness Provider (on top).

\_\_\_\_\_ Completed Medical Considerations Form

\_\_\_\_\_ Signed Informed Consent with Release of Liability

**Stapled on Outside of Manila File Folder:**

\_\_\_\_\_ Initial Fitness Assessment Instructions & Check List

3. Check off items on Initial Fitness Assessment Check List as you complete them.
4. Call XXX-XXXX (DSN) or XXXXX-XX-XXXX (CIV) and schedule a **Civilian Fitness appointment**.
5. Arrive at Fitness Assessment 15 minutes early to complete enrollment. Be dressed for light exercise.

**I certify the documents identified above are complete and accurate to the best of my knowledge. I understand that I will not be enrolled into Civilian Fitness if the checklist above is not complete.**

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

# MEDICAL CONSIDERATIONS

## HEALTH HISTORY FORM

**Before** engaging in a moderate physical conditioning program, certain medical or health issues need to be addressed. Occasionally, diseases are present which the individual is not aware of. This is often true in the beginning stages of cardiovascular (heart and blood vessel) disease - especially as an individual gets older. These undetected or "sub clinical" diseases may cause problems when a vigorous exercise program is begun.

**Ask yourself these 11 key questions** to see if you should get a medical screening. This is not designed to detect unfit individuals, but to identify and treat potential medical problems related to starting a regular exercise program.

### YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor said that you have a heart condition and recommended only medically supervised activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have chest pain brought on by physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you developed chest pain in the past month?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you tend to lost consciousness or fall over as a result of dizziness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint that could be aggravated by the proposed physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has a doctor ever recommended medication for your blood pressure or a heart condition?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you become extremely short of breath with mild exercise?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you feel frequent skipped heartbeats?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Are you >20 lbs. over recommended body weight <b>AND</b> not accustomed to exercise?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you pregnant or have you been within the last 3 months?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you aware through your own experience, or a doctor's advise, of any other physical reason against your exercising without medical supervision? |

**NOTE:** If you have a temporary illness, such as a common cold, or are not feeling well at this time – **POSTPONE!!!**

### YES to one or more questions

**If you answered**

If you answered any of the above questions with a "YES", you must get a health screening from your basic medical treatment facility before beginning the Civilian Fitness Program.

**Postpone**

Until after medical evaluation, and you receive approval from your physician for

- unrestricted physical activity, starting off easily and progressing gradually
- restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

### NO to all questions

If you answered accurately, you have reasonable assurance of your present suitability for a graduated exercise program - a gradual increase in proper exercise promotes good fitness development while minimizing discomfort.

- 
1. Name: \_\_\_\_\_ Age: \_\_\_\_\_
  2. Person to Contact in Case of Emergency: (Name) \_\_\_\_\_  
(Relationship) \_\_\_\_\_ Phone Number: \_\_\_\_\_
  3. Are you taking any medications or non-prescription drugs? (Please circle) YES NO  
If yes, please list (including supplements) \_\_\_\_\_  
Reason for taking medication listed? \_\_\_\_\_
  4. Do you have, or have you had, any of the following: (please circle)  

a. Any chronic illness or conditions	YES	NO
b. Recent surgery (last 6 months)	YES	NO
  5. Do you currently use tobacco products? YES NO  
If yes, what do you use? (Please circle) **Cigarettes** **Chew Tobacco** **Cigar**

I certify the above is accurate and complete to the best of my knowledge.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by Medical Personnel at Fitness Assessment Only.**

Medical Comments if any: \_\_\_\_\_

Participant is: ☐ Medically Approved to start the Civilian Fitness Program.  
☐ Referred to their Primary Care Provider for additional medical screening.

Medical Personnel Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

# INFORMED CONSENT

I hereby give informed consent to engage in a series of health and medical evaluations including a Fitness Assessment. The purpose of this assessment is to determine my physical fitness and health status. The entire Fitness Assessment should take no more than one hour of my time. All records and results from this testing will be held in strict confidence unless my written consent is obtained. The assessment will include the following:

1. Blood Pressures and Pulse. A blood pressure cuff will determine Blood Pressure. Pulse will be determined by palpating the brachial artery in the wrist.
2. Body Composition will be determined by:
  - a. Waist to Hip Ratio which is composed of measuring the circumference of the hip and waist with a tape measure.
  - b. Body Fat Percentage which is determined by using the Omron Body Fat Analyzer. This measures the percentage of body fat compared to lean muscle mass.
  - c. Waist Circumference which is the measurement around your waist. This measurement is a good indicator of your risk of getting various diseases.
  - d. Body Mass Index. BMI is a measure which takes into account a person's weight and height to gauge total body fat in adults.
3. Cardiorespiratory Fitness will be determined using a 3 Minute Step Test. Cardiorespiratory fitness is defined as the ability of the heart and lungs to provide oxygen to the muscles. The Step Test involves measuring the heart rate in the recovery period following three minutes of stepping. The recovery heart rate becomes lower in individuals who exercise regularly, indicating a more efficient heart. Individuals with medical issues that contraindicate them from participating may be required to do the optional one-mile walk screening.
4. The Sit and Reach Test measures flexibility of the muscles in the back of the legs and trunk. Flexibility is defined as the range of possible movement in a joint or group of joints.
5. Health Enrollment Assessment Review. This is a health risk-screening tool that will be used to screen health risks. A computer analyzes the completed form and a Health Appraisal will be mailed to me at the address listed on the form.

I have read all of the above explanations about the Civilian Fitness Program Assessments. I voluntarily consent to participate in this program. I hereby give my permission for the aggregate data to be used for evaluation of this program.

I have had my questions answered to my satisfaction about this program. I understand that if I have additional questions, I may contact the CHPPM-EUR Department of Health Promotion and Wellness at 486-7099/8555.

---

(Signature)

---

(Date)

# SUPERVISOR / EMPLOYEE

## PARTICIPATION FORM

**\*Make a copy for your records and a copy for your supervisor. You are not enrolled until you receive the Civilian Fitness Enrollment Approval Form and give it to your supervisor.**

Name of Employee: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
APO Address: \_\_\_\_\_  
Work phone: \_\_\_\_\_ FAX Number: \_\_\_\_\_  
Supervisor's E-mail: \_\_\_\_\_  
Employee's E-mail: \_\_\_\_\_

### AGREEMENT

1. We understand and agree that (employee name) \_\_\_\_\_ will be participating in the command-sponsored Civilian Fitness Program for 3 one-hour sessions each week for a total of 78 hours over a consecutive 6 month period beginning \_\_\_\_\_ (Civilian Fitness Wellness Assessment Date) and ending \_\_\_\_\_ (6 months after Wellness Assessment Date). We understand and agree that the specified exercise location will be the place of duty during authorized exercise periods, as follows: exercise periods will be on the following days of the week \_\_\_\_/\_\_\_\_/\_\_\_\_, at the following inclusive time \_\_\_\_\_ to \_\_\_\_\_, and at the following location \_\_\_\_\_.
2. We also understand and agree that:
  - You have the opportunity to disenroll within 1 month from your official start date and keep your eligibility to enroll at a later time.
  - Exercise sessions will start and finish on the installation where the employee is located unless the installation does not have a suitable environment in which to exercise. This determination will be made by the installation commander when questionable.
  - Exercise days, times, and/or locations may be periodically amended only with prior approval of the supervisor, and amendment of this agreement.
  - Unused exercise hours may not be carried forward to subsequent weeks.
  - The program end date will not be extended to make up for exercise periods missed because of leave, temporary duty, or other reasons.
  - No additional duty time is automatically authorized, as part of this Program, for pre-exercise preparation (e.g., changing clothes) prior to exercise periods, or for personal hygiene or "cooling down" following exercise periods.
  - Specified exercise periods may not be used for any non-duty purpose. Any period or portion not used in actual fitness training and exercise will be spent in the normal duty workplace accomplishing normal duties.
  - Exercise periods are official duty time. Failure to appear, inappropriate use of exercise time, or misconduct during these periods would be considered as workplace infractions occurring during normal duty hours, and would be subject to the same disciplinary actions.
  - Employee understands that if he/she chooses to use Fitness Classes, Personal Trainers, Exercise Gear, etc. that the cost is his/her financial responsibility.
  - Failure to complete the final assessment may result in an "Incomplete" notification to be forwarded to your supervisor. Supervisors may, at their discretion, request that the time allotted for the program (up to 76 hours) as "Administrative Leave" be replaced as "Annual Leave".
3. As participant, I, the employee, will sign in and out from exercising at the gym or with my supervisor. I understand that I must complete the final wellness assessment to complete the program. My supervisor and I understand that I am not authorized to start the Civilian Fitness Program until I receive my Civilian Fitness Program Enrollment Approval Form stating that I have met all requirements to begin the program.
4. I understand, that this is a once in a career opportunity, and certify that I have not been enrolled in the Civilian Fitness Program at any other location before.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions regarding the Civilian Fitness Program process please contact the CHPPM-EUR Department of Health Promotion and Wellness at DSN 486-7099/8555 or CIV 06371-86-7099/8555.



# ASSESSMENT PACKET





# FITNESS ASSESSMENT PACKET



**W**elcome to the Civilian Fitness Program! Thank-you for being an integral part in helping the Civilian Employees in your community develop a healthier lifestyle through the Civilian Fitness Program.

**T**his Civilian Fitness Program Fitness Assessment Packet is designed to partner with the fitness center in structuring a standardized Fitness Assessment that meets the requirements of the Civilian Fitness Program. The Fitness Assessment has an additional benefit in that Civilians, Local Nationals, Retirees, Family Members and Active Duty Personnel can use it. Please take a few minutes to acquaint yourself with the Civilian Fitness Program Fitness Assessment Packet. If you have any questions about the Civilian Fitness Program please contact your ASG Health Promotion Coordinator at DSN XXX-XXXX or CIV XXXXX-XX-XXXX. Additional questions may be directed to the Center for Health Promotion and Preventive Medicine Europe (CHPPM-EUR) at DSN 486-7099/8555 or CIV 06371-86-7099/8555. You can also E-mail CHPPM-EUR DHPW at [wellness@cpe.amedd.army.mil](mailto:wellness@cpe.amedd.army.mil).

**T**hank-you for helping to improve the quality of life for the people in your community. You are key to achieving Readiness thru Health!

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5. Participant Enrollment Approval Form .....	9

(NOTE for number 5: This form must be customized to include the contact information for your local Health Promotion Office. Their information is listed above).



# FITNESS ASSESSMENT LOGISTICAL SUPPORT

(Note: All items listed below are supplied by the installation fitness center unless otherwise noted)

## *PERSONNEL REQUIREMENTS:*

- One to Two Health Care Providers. This can be a Physician, a Physician's Assistant, a Nurse Practitioner or a Registered Nurse. The CHPPM-EUR ASG/BSB Health Promotion Coordinator will coordinate for this individual to be present at the assessment.
- Three Fitness Assessment Assistants. This can be fitness center staff or volunteers trained to administer the Fitness Assessment. The CHPPM-EUR ASG/BSB Health Promotion Coordinator can assist with training as needed.
- One to Two Personal Fitness Trainers (if available). The personal fitness trainers will advise the participant of their fitness status and instruct individual on starting a cardio program appropriate for their fitness level. The personal fitness trainer will also inform the participant on programs available to meet the participant's fitness needs. This is a good way for Fitness Trainers to expand their fitness clientele.

## *EQUIPMENT & SUPPLIES REQUIREMENTS:*

- One Blood Pressure machine with regular and extra large cuff or two blood pressure cuffs (normal and extra large with a stethoscope). The Health Promotion Coordinator will ensure that the Health Care Provider brings a B/P Cuff.
- One tape measure with inches annotated on it
- One weight scale capable of measuring in pounds
- One audiotape with the cadence for the Step Test (Health Promotion Coordinator will provide tape)
- Six 12 inch Step Benches to perform the Step Test
- Metronome and Battery (9V)
- One exercise mat to perform the Sit and Reach Test
- One yardstick with inches annotated on it to perform the Sit and Reach Test
- Masking tape to secure the Yardstick to the mat for the Sit and Reach Test
- Access to the photocopier for photocopying assessment results
- One calculator for calculating Body Composition
- One watch with a second hand for measuring Heart Rate after Step Test
- 4 long tables and at least 15 chairs plus a bench for participants to sit
- 10 clipboards and pens

## *ADMINISTRATIVE TASKS:*

- Scheduling of fitness assessments can start 4 weeks before the assessment date.  
The Health Promotion Coordinator will provide marketing and packets for interested participants.
- Fitness Assessments may be used by anyone eligible to use the fitness center.
- Assessments take an average of one hour. Remind participants to arrive prepared to exercise and that they cannot be assessed without a completed enrollment packet, which they receive from the Health Promotion Coordinator.
- Provide the participant their results using additional copies of the Fitness Assessment Sheet.

The Health Promotion Coordinator will need to keep multiple copies of the following forms available for Fitness Assessments:

- Fitness Assessment Sheet
- Fitness Assessment Referral & Medical Approval Form
- Fitness Assessment Enrollment Approval Form
- HEAR (Health Enrollment Assessment Review)
- One Mile Walk Test Instructions
- Community Fitness handouts listing available community resources

- Clinic Wellness handouts listing available clinic resources

## STATION S A1 IT & LAYOUT

### *STATION 1: SIGN IN & REGISTRATION*

1 person, 1 long table, 5 chairs, 5 pens or pencils.

### *STATION 2: MEDICAL CONSIDERATIONS & HEALTH HISTORY REVIEW*

1-2 medically qualified individuals (RN's or higher), 1 long table, 4 chairs, 2 blood pressure cuffs (normal), 1 large blood pressure cuff, 2 stethoscopes or blood pressure machine (with normal and extra large cuff ) and 20 Medical Referral forms for anyone who needs it.

### *STATION 3: CARDIO RESPIRATORY RECOVERY TEST*

1 person, cardiovascular fitness assessment sheet, 6 steps that are 12 in. high, 1 stopwatch, 1 metronome and 9V battery.

### *STATION 4: FLEXIBILITY*

1 person, sit and reach assessment sheet for men and women, a floor mat, a measuring stick (yard stick) that measures in inches.

### *STATION 5: BODY COMPOSITION*

1 person, 1 weight scale (measures in pounds), 1 measuring tape (measures in inches), 1 calculator and Body Composition Assessment Sheets.

### *STATION 6: FITNESS PLAN OF ACTION*

1-2 certified Personal Fitness Trainers, 1 long table, 6 chairs, 2 calculators, 2 copies of the assessment charts from all of the stations, stack of Exercise Prescription guidelines to give to all participants, stack of information sheets/calendars talking about programs available to Civilian Fitness participants that includes cost (if any).

### *STATION 7: SIGN-OUT. GIVE PARTICIPANT ENROLLMENT APPROVAL FORM*

(Optional Data entry can be done on site or later). Data entry requires: 1 Excel Program proficient individual, 1 table with 2 chairs, 1 Laptop computer, access to an electrical outlet.

**\*\*In assessments with 20 people or less; Station 7 may be co-located with Station 1 and Stations 3-5 may be run by one individual.\*\***

# INITIAL & FINAL FITNESS ASSESSMENT

A2

## INSTRUCTIONS

(Page 1 of 3)

### *STATION 1: SIGN-IN AND PAPERWORK CHECK*

#### **Initial Assessment:**

1. Circle **Initial** on Assessment Sheet (page 6) and give to participant.
2. Instruct participant to complete contact information on Assessment Sheet.
3. Give participants the HEAR and have them complete contact information now. Verify information.
  - Instruct participant to complete HEAR questionnaire while waiting for other stations.
4. Ensure participant file is complete with participant and supervisor signatures on File Check Sheet.
5. Place the Assessment Sheet in the file.

#### **Final Assessment:**

1. Pull participant's original Civilian Fitness file.
2. Ensure participant's file is complete by verifying participant's signature on Final Assessment Instructions and Check List Sheet (Enrollment Packet page 5).
3. Place all documents provided by participant in the Civilian Fitness File. This should include the completed goals sheet and the completed attendance rosters.
4. Place the Fitness Assessment Sheet on top of file to record assessment.
5. Ask participant if they have any health issues that will prevent them from participating in the final assessment. Note issues, if any, on the Fitness Assessment Sheet.

### *STATION 2: MEDICAL CONSIDERATIONS & HEALTH HISTORY REVIEW*

#### **Initial Assessment:**

1. Review Health History Form for health risks. If there are no health risks proceed to number two.
  - Participants who require additional medical screening based upon their health history in order to start the Civilian Fitness Program should be referred to their Primary Care Provider. The Health Care Provider at the assessment will annotate the referral on the Initial Assessment Form and the Medical Considerations Form.
2. Complete the Fitness Assessment Referral portion of the Mass Assessment Referral and Medical Approval Form (page 7). Give participant the form. Instruct participant to schedule an appointment with their Health Care Provider and then fax completed Medical Approval Form to the Health Promotion Office at the number listed on the bottom of the Medical Approval Form.
3. Record vital signs on Fitness Assessment Sheet.
4. Circle participant's medical approval status on the Fitness Assessment Sheet.
  - Advanced (Number of weeks) or complicated pregnancies should not perform any exercise testing.
  - *Do not perform Step Test if:* B/P is greater than 140/90, participant is medically obese, or participant has a joint problem such as a bad knee, ankle, foot, hip or back. Participants with the medical conditions listed above may perform the Step Test IF they have the signed Medical Approval Form.
  - Circle Skip Step Test on the Fitness Assessment Sheet to note that participant should not perform the Step Test. Give the participant the optional One Mile Walk Test to self-administer.
5. Give participant appropriate patient education handouts and make referrals as needed.

#### **Final Assessment:**

1. Record vital signs on Fitness Assessment Sheet.
2. Note any significant health changes, if any, that prevent participation in the Step Test on the Final Fitness Assessment Sheet. Highlight (or circle) **Skip Step Test** on Final Fitness Assessment Sheet if not performed.

# INITIAL & FINAL FITNESS ASSESSMENT

## INSTRUCTIONS

(Page 2 of 3)

### STATION 3: CARDIO-RESPIRATORY RECOVERY TEST

1. Have participant put on shoes.
2. Advise Participant the Step Test is optional and is only to measure their cardio recovery. Participant may decline or stop the test if they are uncomfortable. If participant has any of the issues listed below **do not** perform the step test without a completed Medical Providers Approval. Give the participant the optional one mile walk test to self administer as an alternate option to measure cardio-respiratory endurance.
  - a. Blood Pressure greater than 140/90
  - b. Medically Obese (greater than 30 pounds over recommended body weight)
  - c. Diagnosed joint problem such as a bad foot, ankle, knee, hip or back that prevents the participant from performing activities of daily living comfortably
3. Ensure that shoes have a stable base that will not place the participant at risk for injury during the Step Test. If shoes are unstable have the participant do the step test without shoes or decline test.
4. Have participant perform the 3 Minute Step Test using the metronome set at 96 BPM.
  - a. At the end of the Step Test have the participant immediately stand still or sit down on the step test bench and monitor the participant's pulse for one full minute to measure accurate recovery heart rate. Be sure to count the beats for a full minute in order to get an accurate count. Record the result on assessment sheet.
  - b. Circle Health Risk for STEP test.

### STATION 4: FLEXIBILITY TEST

1. Have participant remove shoes.
2. Have participant perform the Sit and Reach Test.

**Note:** It is better to have the participant perform the Step Test before the Sit and Reach Test as it gives the participant a chance to warm-up and have a better stretch with less risk of injury during the test.

  - a. A yardstick is placed on the floor and tape placed across it at a right angle to the 15inch mark. The participant sits with the yardstick between the legs, with legs extended at right angles to the taped line on the floor. Heels of the feet should touch the edge of the taped line and be about 10-12 inches apart. Without bending the knees, the participant slowly reaches forward with both hands as far as possible on the yardstick, holding this position momentarily. Be sure that the participant keeps the hands parallel and does not lead with one hand. Fingertips can be overlapped and should be in contact with the yardstick.

### STATION 5: BODY COMPOSITION

1. Have participant remove shoes.
2. Record weight in pounds and height in inches. Annotate results on Fitness Assessment Sheet.
3. There are several body composition assessments to choose from: PLEASE MAKE SURE YOU CHOOSE ONE AND USE IT CONSISTENTLY. There are Fitness Parameters for each type of body composition assessment in the Appendices of this package.
  - a. Waist-to-Hip: Measure and record participant's waist and hip circumference in inches. Calculate participant's waist to hip ratio using the formula: Waist/Hip = Waist to Hip Ratio. Annotate results on Fitness Assessment Sheet.
  - b. Body Fat Percentage: Measure and record the body fat percentage as calculated by the body fat machine you are using. Annotate results on Fitness Assessment Sheet.
  - c. Waist Circumference: Measure and record the waist measurement in inches on the Fitness Assessment Sheet.
  - d. Body Mass Index (BMI): Locate the persons height and weight on the BMI chart and record on the Fitness Assessment Sheet.
4. Circle Health Risk for on Fitness Assessment Sheet.

**Ratio = Waist  
Hips**

#### **To find your ratio**

WAIST: Measure at its narrowest point with stomach relaxed.



HIPS: Measure fullest point, where buttocks protrude most.



# INITIAL & FINAL FITNESS ASSESSMENT INSTRUCTIONS

(Page 3 of 3)

## ***STATION 6: FITNESS ASSESSMENT EVALUATION & PLAN OF ACTION***

### ***Initial Assessment:***

1. Review Health History & Fitness Assessment Results with the participant.
2. Recommend participant to develop a healthy lifestyle plan using the Civilian Fitness Exercise Prescription. If the participant would like additional assistance in developing a program, refer participant to the Fitness Coordinator or Personal Fitness Trainers. Advise participants there may be a fee for these services depending upon the facility.
  - a. Instruct participant to use Activity Roster to track workouts for themselves and for their supervisors to provide accountability.
  - b. Give participant handouts of community and clinic resources.

### ***Final Assessment:***

Review Fitness Assessment results with participant based upon the improvements between their Initial and Final Assessment results. Encourage the participant to evaluate their performance constructively and realistically. Find positives to motivate the participant to continue to exercise. The participant should also be encouraged to continue to progress on their own using the skills that they learned with goal setting, etc.

## ***STATION 7: SIGN-OUT (THIS STATION CAN BE CO-LOCATED WITH STATION 1)***

### ***Initial Assessment:***

1. Complete the Civilian Fitness Program Participant Enrollment Form (page 8) and give it to the participant. Instruct the participant to give it to their supervisor to show enrollment in the Civilian Fitness Program.
2. Collect the completed HEAR Form from the participant and send to SAIC.
3. Provide an additional blank Assessment Sheet should the participant want a copy of their results.
4. Determine participants ID code : Date of assessment (day, month, year) and first initial of First Name, MI, and Last Name.  
Example: Jane Marie Doe, assessment date: October 12, 2001. ID: 12102001JMD
5. Enter the participant's fitness results into the Computer Database if time permits.
6. Place the completed file in the Civilian Fitness File Box.

### ***Final Assessment:***

1. Provide an additional blank Assessment Sheet should the participant want a copy of their results.
2. Enter the participant into the Computer Database if time permits.
3. Place the completed file in the Civilian Fitness File Box.
  - a. Completed Files should be sent to the CHPPM-EUR DHPW Headquarters once database is updated. The CHPPM-EUR HQ will keep the files for two years for tracking purposes.

# FITNESS ASSESSMENT SHEET

(Circle Initial or Final to identify) **INITIAL / FINAL**

Participant's Name: (First Name, MI, Last Name) \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Participant's Phone: \_\_\_\_\_ Participant's E-mail: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Supervisor's E-mail: \_\_\_\_\_

## Station 1: Sign-In & Registration

Date of Initial Assessment: \_\_\_\_\_ Date of Reassessment: \_\_\_\_\_

## Station 2: Medical Considerations & Health History Review

1a. Initial: Resting Heart Rate (beats/min) \_\_\_\_\_ B/P (mmHG): \_\_\_\_\_

1b. Final: Resting Heart Rate (beats/min) \_\_\_\_\_ B/P (mmHG): \_\_\_\_\_

**APPROVED for Program / REFERRED to Healthcare Provider / SKIP Station 4**  
 (Circle all that apply above. Highlight/ Circle B/P if B/P>140/90 and Skip Station 4).

## Station 3: Cardiorespiratory Recovery

1a. Initial: 3-Minute Aerobic Step Test: \_\_\_\_\_ pulse(beats/min) Fitness Level: 1 2 3 4 5

1b. Final: 3-Minute Aerobic Step Test: \_\_\_\_\_ pulse(beats/min) Fitness Level: 1 2 3 4 5

**Women:** Excellent (1) <97; Good (2) 97-127; Fair (3) 128-142; Poor (4) 143-171; Very Poor (5) >172

**Men:** Excellent (1) <71; Good (2) 71-102; Fair (3) 102-117; Poor (4) 118-147; Very Poor (5) >148

## Alternate Activities:

2a. Initial: 1-Mile Walk: \_\_\_\_\_ time pulse (beats/min) Fitness Level: 1 2 3

2b. Final: 1-Mile Walk: \_\_\_\_\_ time pulse (beats/min) Fitness Level: 1 2 3  
 High(1) Moderate(2) Low(3)

## Station 4: Flexibility

1a. Initial: Sit & Reach \_\_\_\_\_ in Flexibility Level: 1 2 3 4 5 6

1b. Final: Sit & Reach \_\_\_\_\_ in Flexibility Level: 1 2 3 4 5 6

Superior (1); Excellent (2); Good (3); Fair (4); Poor (5); Very Poor (6)

## Station 5: Height/Weight and Body Composition

1a. BMI Initial: \_\_\_\_\_ Health Risk 1 2 3 4 5 6

1b. BMI Final: \_\_\_\_\_ Health Risk 1 2 3 4 5 6

Low (1) Moderate (2) High (3) Very High (4) Extremely High (5) Extremely High (6)

2a. WHR Initial: \_\_\_\_\_ Health Risk 1 2 3

2b. WHR Final: \_\_\_\_\_ Health Risk 1 2 3

Low (1) Moderate (2) High (3)

3a. Body Fat Initial: \_\_\_\_\_ Health Risk 1 2 3 4 5

3b. Body Fat Final: \_\_\_\_\_ Health Risk 1 2 3 4 5

Excellent (1) Good (2) Fair (3) Poor (4) Very Poor (5)

4a. Initial: Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_ inches

4b. Final: Weight \_\_\_\_\_ lbs.

Low (1) Moderate (2) High (3)

## Station 6: Fitness Plan of Action

1. Review results of Fitness Testing and discuss Fitness Plan.
2. Inform participants of optional activities to meet fitness goals and sign-up for activities.

## Station 7: Sign-out and Evaluation

1. Review paperwork for completion
2. Initial here to show that HEAR is completed \_\_\_\_\_.

# MASS ASSESSMENT REFERRAL & MEDICAL APPROVAL FORM

(Only for participants requiring additional medical screening to start Civilian Fitness)

## MASS ASSESSMENT REFERRAL TO HEALTH CARE PROVIDER

Dear Health Care Provider,

Date: \_\_\_\_\_

Your patient, \_\_\_\_\_, desires to participate in the physical fitness component of the Civilian Fitness Program. The Fitness Assessment screening identified the following health risk factors:

- ☐ Age: 40 years or more (male) or 50 years or more (female) with significant risk factors
- ☐ Elevated blood pressure: \_\_\_\_\_ / \_\_\_\_\_ mm/Hg.
- ☐ Diabetes
- ☐ Obesity
- ☐ Family history of cardiovascular disease in parents or siblings prior to age 55
- ☐ Symptoms or signs suggestive of cardiopulmonary disease
- ☐ Known cardiac, pulmonary, or metabolic disease
- ☐ Has not been recently (within 6 months) involved in a regular moderate exercise program
- ☐ Pregnancy
- Other: \_\_\_\_\_

We request that your patient obtain clearance from you prior to participation in the Civilian Fitness Program.  
**Please complete the Health Care Provider Approval Form below and return it to the patient.**

Sincerely,  
Fitness Assessment Provider

-----Do not separate-----

## MEDICAL APPROVAL BY HEALTH CARE PROVIDER

Patient name \_\_\_\_\_ Phone \_\_\_\_\_  
(Print)

has medical approval to participate in the physical fitness component of the Civilian Fitness Program. I understand that the program includes mild to moderate intensity exercise, and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at any time he or she desires.

If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

**The following exercise restrictions and substitutions apply (if none, so state):**

Health Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Provider's  
Name/Stamp \_\_\_\_\_  
Office telephone number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Participant:** Fax completed approval to local Health Promotion Office at XXX-XXXX or XXXXX-XX-XXXX.  
Questions? Call the local Health Promotion Office at XXX-XXXX or XXXXX-XX-XXXX.

Additional questions regarding the Civilian Fitness Program process may be directed to the CHPPM-EUR Department of Health Promotion and Wellness at DSN 486-7099/8555 or CIV 06371-86-7099/8555.

# PARTICIPANT ENROLLMENT APPROVAL FORM

\_\_\_\_\_ has applied to participate in the Civilian Fitness Program for six months.  
(First Name, MI, Last Name)

The participant's application has been reviewed and is (**only circled letters apply**):

1. accepted **into the Civilian Fitness Program starting today**. All documentation has been received at the Civilian Fitness Wellness Assessment and is complete.
2. not approved to continue the program until the Civilian Fitness Coordinator receives the **Supervisor's Signature on the Participation Agreement**.
3. not approved to continue the program until the Civilian Fitness Coordinator receives the **Health Care Provider's Approval** signed by a Health Care Provider.

Any documentation that needs to be completed should be faxed addressed to the attention of the Health Promotion Office at **XXX-XXXX** (DSN) or **XXXXX-XX-XXXX** (CIV) within 3 weeks of their Civilian Fitness Assessment. All questions should be directed to the Health Promotion Office at **XXX-XXXX** (DSN) or **XXXXX-XX-XXXX** (CIV).

Failure to present documentation will result in being dropped from the program and a notice being submitted to CPOC and the supervisor as a dropped program participant. This makes the participant ineligible from starting the program at a later date. The program starts for the participant on the day of their Civilian Fitness Assessment and will end 6 months later. Participants are required to have a Final Civilian Fitness Assessment in order to complete the program and be eligible to receive the Civilian Fitness Program Award.

Participants need to call their local fitness facility to schedule their final Fitness Assessment 3 weeks before the end of their Civilian Fitness program. The final assessment will be **XXX** (date) and **XXX** (location).

Program started on \_\_\_\_\_. Program will end on \_\_\_\_\_.  
(Today's Date - day/month/year) (End Date 6 mo. later)

You have the opportunity to disenroll within 1 month from your official start date and keep your eligibility to enroll at a later time.

**Participants must complete the final assessment in order to complete the program. The final assessment will be on** \_\_\_\_\_ **at** \_\_\_\_\_.  
(date) (location)

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
Participant

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
Health Promotion Coordinator

If you have any questions regarding the Civilian Fitness Program process please contact the CHPPM-EUR Department of Health Promotion and Wellness at DSN 486-7099/8555 or CIV 06371-86-7099/8555.

# APPENDICES



# FITNESS ASSESSMENT PARAMETER SIGNS

POWERPOINT FILE AVAILABLE

## Body Mass Index (BMI)

BMI Category	Grade of Obesity	Health Risk: BMI Alone	Health Risk: BMI with Risk Factors
<25	Desirable Range	Minimal	Low
25 to <27	Grade I	Low	Moderate
27 to <30	Grade I	Moderate	High
30 to <35	Grade II	High	Very High
35 to <40	Grade II	Very High	Extremely High
+ 40	Morbid Obesity	Extremely High	Extremely High

"Fitness is The Ticket"

American College of Sports Medicine Guidelines and Usage by American

## Waist-to-Hip Ratio

Risk Level	Men	Women
<b>Low</b>	Less than .85	Less than .75
<b>Moderate</b>	.85 to .95	.75 to .80
<b>High</b>	More than .95	More than .80

"Fitness is The Ticket"

American Heart Association

## Percent Body Fat (Men)

Category	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Excellent	<2 to 9%	<5 to 14%	<7 to 16%	<9 to 18%	<8 to 18%
Good	9 to 14%	14 to 17.5%	16 to 20%	18 to 21%	18 to 22%
Fair	14 to 17%	17.5 to 20.5%	20 to 22.5%	21 to 24%	22 to 25%
Poor	17 to 22%	20.5 to 24%	22.5 to 26%	24 to 27.5%	25 to 28.5%
Very Poor	22 to >36%	29.5 to >36%	26 to >37%	31 to >38%	28.5 to >41%

"Fitness is The Ticket"

American College of Sports Medicine

## Percent Body Fat (Women)

Category	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Excellent	<5 to 17%	<7 to 18%	<12 to 21%	<12 to 25%	<15 to 25%
Good	17 to 21%	18 to 22%	21 to 25%	25 to 28.5%	25 to 29%
Fair	21 to 24%	22 to 25%	25 to 28%	28.5 to 32%	29 to 32.5%
Poor	24 to 28%	25 to 29%	28 to 32%	32 to 36%	32.5 to 37%
Very Poor	28 to >40.5%	29 to >40%	32 to >45.5%	36 to >51%	37 to >47%

"Fitness is The Ticket"

American College of Sports Medicine

## 3-Minute Aerobic Step Test (Men & Women)

Category	Gender	Heart Rate
Excellent	male female	< 71 < 97
Good	male female	71 - 102 97 - 127
Fair	male female	103 - 117 128 - 142
Poor	male female	118 - 147 143 - 171
Very Poor	male female	148+ 172+

"Fitness is The Ticket"

The Cooper Institute for Aerobic Research

## One-Mile Walk Test

**To determine Cardiorespiratory Fitness Levels:** Find your age group and your heart rate. Now read across to the times listed in columns A and B.

**•Moderate:** If your time is between the times in columns A and B, you have a moderate fitness level.

**•Low:** If your time is the same or longer as column A, you have a low fitness level.

**•High:** If your time is the same or less than column B, you have a high fitness level.

AGE	MEN		WOMEN	
	A	B	A	B
20-29	1:00	1:06	1:06	1:12
30-39	1:07	1:13	1:13	1:19
40-49	1:14	1:20	1:20	1:26
50-59	1:21	1:27	1:27	1:33
60-69	1:28	1:34	1:34	1:40
70-79	1:35	1:41	1:41	1:47
80+	1:42	1:48	1:48	1:54

"Fitness is The Ticket"

American Heart Association

# FITNESS ASSESSMENT PARAMETER SIGNS

PowerPoint File Available

Muscular Endurance (Men)						
1 Minute Push-Up: Repetitions						
Age						
%	20-29	30-39	40-49	50-59	60+	
99	>100	>86	>64	>51	>39	S
95	62	52	40	39	28	
90	57	46	36	30	26	
85	51	41	34	28	24	E
80	47	39	30	25	23	
75	44	36	29	24	22	
70	41	34	26	21	21	G
65	39	31	25	20	20	
60	37	30	24	19	18	
55	35	29	22	17	16	F
50	33	27	21	15	15	
45	31	26	19	14	12	
40	29	24	18	13	10	P
35	27	21	16	11	9	
30	26	20	15	10	8	
25	24	19	13	9.5	7	VP
20	22	17	11	9	6	
15	19	15	10	7	5	
10	18	13	9	6	4	
5	<13	<9	<5	<3	<2	

"Fitness Is The Factor"

American College of Sports Medicine

Muscular Endurance (Men)						
1 Minute Push-Up: Repetitions						
Age						
%	20-29	30-39	40-49	50-59	60+	
99	>100	>86	>64	>51	>39	S
95	62	52	40	39	28	
90	57	46	36	30	26	
85	51	41	34	28	24	E
80	47	39	30	25	23	
75	44	36	29	24	22	
70	41	34	26	21	21	G
65	39	31	25	20	20	
60	37	30	24	19	18	
55	35	29	22	17	16	F
50	33	27	21	15	15	
45	31	26	19	14	12	
40	29	24	18	13	10	P
35	27	21	16	11	9	
30	26	20	15	10	8	
25	24	19	13	9.5	7	VP
20	22	17	11	9	6	
15	19	15	10	7	5	
10	18	13	9	6	4	
5	<13	<9	<5	<3	<2	

"Fitness Is The Factor"

American College of Sports Medicine

Muscular Endurance (Men)						
1 Minute Sit-Up : Repetitions						
Age						
%	<20	20-29	30-39	40-49	50-59	60+
99	>62	>58	>51	>47	>43	>39
95	62	58	51	47	43	39
90	55	52	48	43	39	35
85	53	49	45	40	36	31
80	51	47	43	39	35	30
75	50	46	42	37	33	28
70	48	45	41	36	31	26
65	46	44	40	35	30	24
60	47	42	39	34	28	22
55	46	41	37	32	27	21
50	45	40	36	31	26	20
45	42	39	36	30	25	19
40	41	38	35	29	24	19
35	39	37	33	28	22	18
30	38	35	32	27	21	17
25	37	35	31	26	20	16
20	36	33	30	24	19	15
15	34	32	28	22	17	13
10	33	30	26	20	15	10
5	27	27	23	17	12	7
1	<27	<27	<23	<17	<12	<7
S=superior    Excellent    Good    Fair    Poor    V=very poor						

"Fitness Is The Factor"

American College of Sports Medicine

Muscular Endurance (Women)						
1 Minute Sit-up: Repetitions						
Age						
%	<20	20-29	30-39	40-49	50-59	60+
99	>60	>51	>42	>38	>30	>24
95	60	51	42	38	30	24
90	54	49	40	34	29	26
85	49	45	38	32	26	20
80	46	41	35	29	24	17
75	48	42	35	28	22	15
70	38	41	32	27	22	12
65	37	39	30	25	21	12
60	36	38	29	24	20	11
55	35	37	28	23	19	10
50	34	35	27	22	17	8
45	34	34	26	21	16	8
40	32	32	25	20	14	6
35	30	31	24	19	12	5
30	29	30	22	17	12	4
25	29	28	21	16	11	4
20	28	27	20	14	10	3
15	27	24	18	13	7	2
10	26	23	16	10	6	1
5	25	18	11	7	5	0
1	<25	<18	<11	<7	<5	0
	Insufficient	Endurance	Original	Ends	Prepares	VP-ready

"Fitness Is The Factor"

American College of Sports Medicine

Flexibility (Men)							
Sit and Reach: Inches							
Age							
%	<20	20-29	30-39	40-49	50-59	60+	
99	>23.4	>23.0	>22.0	>21.3	>20.5	>20.0	S
95	23.4	23.0	22.0	21.3	20.8	20.0	
90	22.6	21.8	21.0	20.0	19.0	18.0	
85	22.4	21.0	20.0	19.3	18.3	18.0	E
80	21.7	20.0	19.0	18.5	17.5	17.3	
75	21.4	20.0	19.0	18.0	17.0	16.5	
70	20.7	19.3	18.5	17.5	16.5	15.5	G
65	19.8	19.0	18.0	17.0	16.0	15.0	
60	19.0	18.5	17.5	16.3	15.5	14.5	
55	18.7	18.0	17.0	16.0	15.0	14.0	F
50	18.0	17.5	16.5	15.3	14.5	13.5	
45	17.3	17.0	16.0	15.0	14.0	13.0	
40	16.5	16.5	15.5	14.3	13.3	12.5	P
35	16.0	16.0	15.0	14.0	13.0	12.0	
30	15.5	15.5	14.5	13.3	12.0	11.3	
25	14.1	14.0	13.0	12.5	11.2	10.5	VP
20	13.2	14.4	13.0	12.0	10.5	10.0	
15	11.9	13.5	12.0	11.0	9.7	9.0	
10	10.5	12.3	11.0	10.0	8.6	8.0	
5	9.4	10.5	9.3	8.3	7.0	5.8	
1	<9.4	<10.5	<9.3	<8.3	<7.0	<5.8	
Source: <i>Source: Evanschitzky, G. J. "P-Back." Paper presented at the 17th, 1997.</i>							

"Fitness Is The Factor"

American College of Sports Medicine

Flexibility (Women)						
Sit and Reach: Inches						
Age						
%	<20	20-29	30-39	40-49	50-59	60+
99	>24.3	>24.0	>24.0	>23.8	>23.0	>23.0
95	24.3	24.0	24.0	23.8	23.0	23.0 S
90	24.3	23.8	23.5	23.5	23.5	23.0
85	23.9	23.0	22.0	21.3	21.0	21.0
80	23.5	22.5	21.5	20.5	20.3	19.0 E
75	23.3	22.0	21.0	20.0	20.0	18.0
70	22.0	21.5	20.5	19.0	19.3	17.5
65	21.0	21.0	20.3	19.1	19.0	17.5
60	21.5	20.5	20.0	19.0	18.5	17.0 G
55	21.3	20.3	19.5	18.5	18.0	17.0
50	21.0	20.0	19.0	18.0	17.0	16.0
45	20.5	19.5	18.5	18.0	17.0	16.1
40	20.5	19.3	18.3	17.3	16.8	15.5 F
35	20.0	19.0	17.8	17.0	16.0	15.2
30	19.5	18.5	17.3	16.5	15.5	14.4
25	19.0	17.8	16.8	16.0	15.3	13.6
20	18.5	17.0	16.3	15.0	14.8	13.0 P
15	17.5	16.4	15.5	14.0	14.0	11.5
10	14.5	14.4	14.4	13.0	13.0	11.5
5	14.5	14.1	12.0	10.5	12.3	9.2 VP
1	<14.5	<14.1	<12.0	<10.5	<12.3	<9.2

S = superior  
E = excellent  
G = good  
F = fair  
P = poor  
VP = very poor

"Fitness Is The Factor"

American College of Sports Medicine

# FITNESS ASSESSMENT STATION SIGNS

PowerPoint File Available

## Station 1:



**Sign-In / Registration**



## Station 2:



**Health History Review**



## Station 3:



**Blood Pressure**



## Station 4:



**Height to Weight  
Body Composition**



## Station 5:



**3-Min Step Test**



## Station 6:



**Flexibility**



## Station 7:



**Plan of Action**



## Station 8:



**HEAR**



## Station 9:



**Sign Out**



## CIVILIAN FITNESS



**Please enter here and follow signs  
to Registration Table**





# YOUR EXERCISE PRESCRIPTION

## AEROBIC WORK

Warm-up \_\_\_\_\_  
Pre-exercise stretches \_\_\_\_\_  
Frequency \_\_\_\_\_  
Intensity \_\_\_\_\_  
Time \_\_\_\_\_  
Type \_\_\_\_\_  
Cool-Down \_\_\_\_\_  
Post-Exercise Stretches \_\_\_\_\_

### CALCULATE TARGET HEART RATE RANGE

(220-age)-resting heart rate x exercise intensity + resting heart rate.

Exercise Intensity:

50 to 60% low moderate  
60 to 70% moderate  
70 to 80% heavy  
> 80% very heavy

#### EXAMPLE:

Age = 20 Resting HR = 60  
Exercise Intensity = 70% to 80%

220-20=200	220-20=200
200-60=140	200-60=140
140x.70=98	140x.80=112
98+60=158	112+60=172

Target Heart Rate = 158 to 172  
beats/min

Target Heart Rate Range: \_\_\_\_\_ (beats/min) or \_\_\_\_\_ (beats/10 sec)

- ❖ Progression is generally dictated by increases in  
1) duration 2) intensity 3) frequency
- ❖ For intensity changes, see your fitness coordinator
- ❖ For maximum benefits, perform flexibility routine following exercise

# YOUR EXERCISE PRESCRIPTION

## MUSCULAR STRENGTH/ENDURANCE WORK

Exercise	Muscle Group
Leg Press	quadriceps, gluteals
Leg Curl	hamstrings
Chest Press	pectorals
Lat Pull Down	latissimus dorsi
Lateral Raise	deltoid
Triceps Press	triceps
Biceps Curl	biceps
Curl-up	abdominals
Back Extension	erector spinae

### WARM-UP FIRST.

**Frequency:** 2-3x/week (total body workouts) **or**  
4-6x/week (split workouts)

**Intensity:** One set of 8-12 repetitions, working the muscle to the point of fatigue, is usually sufficient. Breathe normally throughout the exercise. Lower the resistance with a slow, controlled cadence throughout the full range of motion. Lifting the weight to a count of two and lowering it to a count of three or four is effective. When you are able to perform 12 repetitions of an exercise correctly (without cheating), increase the amount of resistance by 5 percent to 10 percent to continue safe progress.

**Time:** Exercise 8-10 major muscle groups/1-2 sets per group. If a beginner, begin with 1 set for the first 4 to 6 weeks.

- Cool-down for at least 5 minutes post training
- For maximum benefits, flexibility exercises should be performed following exercise
- Allow 48 hours between training sessions, but not more than 72 hours.

# YOUR EXERCISE PRESCRIPTION

## *FLEXIBILITY WORK*

- Allows greater freedom of movement and improved posture
- Increases physical and mental relaxation
- Releases muscle tension and soreness
- Reduces risk of injury

**Frequency:** 3-7x/week

**Intensity:** Stretch to a point of mild discomfort...never pain

**Type:** Static stretching. As a minimum, focus on 8-10 major muscle groups

### **When performing any stretch:**

- Start each stretch slowly, exhaling as you gently stretch the muscle.
- Try to hold each stretch for at least 10 to 30 seconds.

### **Avoid these stretching mistakes:**

- Don't bounce a stretch. Holding a stretch is more effective and there is less risk of injury.
- Don't stretch a muscle that is not warmed up.
- Don't strain or push a muscle too far. If a stretch hurts, ease up.
- Don't hold your breath.

# GOAL SHEET

- Set realistic goals!! (Lose weight, Develop skills to manage stress, Increase endurance)
- Make sure you follow through with the rewards you set, but only if you reach your goals.

My Long Term 6-month GOALS are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Reward will be: \_\_\_\_\_

Short Term GOALS: \_\_\_\_\_

<i>MONTH</i>	<i>GOAL 1</i>	<i>GOAL 2</i>	<i>GOAL 3</i>	<i>GOAL 4</i>	<i>REWARD</i>
<i>ONE</i>					
<i>TWO</i>					
<i>THREE</i>					
<i>FOUR</i>					
<i>FIVE</i>					
<i>SIX</i>					

# "Targeting Fitness"

## ACTIVITY ROSTER

Record All Gym Visits, Health Education Classes, Etc and return to your supervisor to be filed in your Civilian Fitness File.

-----*Make copies before using.*-----

Participant name: \_\_\_\_\_ Supervisors Signature: \_\_\_\_\_  
Month: \_\_\_\_\_

<i><b>DATE</b></i>	<i><b>ACTIVITY</b></i>	<i><b>TIME</b></i>	<i><b>LOCATION</b></i>

# EXERCISE HISTORY (PRENATAL)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Due date: \_\_\_\_\_

1. For the year prior to your pregnancy, which of these things did you do regularly?

☐ Aerobic exercise: # of sessions/week: \_\_\_\_\_ approx. length of each session: \_\_\_\_\_

What was your target heart rate range? \_\_\_\_\_ bpm.

What was your RPE (rate of perceived exertion) range? (Circle lowest intensity and highest intensity.)

**Very light      Light      Fairly light      Somewhat hard      Hard      Very hard      Very, very hard**

List your activities (running, aerobic dancing, etc.): \_\_\_\_\_

- ☐ Strength activities (weightlifting, calisthenics, etc.):

# of sessions/week: \_\_\_\_\_ Hip and knee flexors/extensors and ab/adductors

\_\_\_\_\_ Chest and back; shoulders and arms

\_\_\_\_\_ Abdominals; spine (core strength)

\_\_\_\_\_ Pelvic floor

- ☐ Flexibility activities (yoga, stretching, dance, etc.) # of sessions/week \_\_\_\_\_

- ☐ Combination activities (advanced dance, martial arts, basketball, etc): # of sessions/week \_\_\_\_\_

List your activities: \_\_\_\_\_

- ☐ Relaxation (progressive relaxation, autogenic training, hypnosis, etc.): # of sessions/week \_\_\_\_\_

- ☐ Centering (meditation, dance, tai chi, etc.) # of sessions/week \_\_\_\_\_

2. Do you have one or more children in the 1- to 5-year-old range who are very active? ☐ YES ☐ NO

If yes, how much time do you spend with her/him/them? \_\_\_\_\_

3. Do you have a physically demanding job? ☐ YES ☐ NO Is it stressful? ☐ YES ☐ NO

Are you on your feet a lot? ☐ YES ☐ NO

4. Describe your work activities: \_\_\_\_\_

4. Describe your exercise and/or other physical since the start of this pregnancy: \_\_\_\_\_

## The five practical classifications of activity for purposes of designing a prenatal regimen are as follows:

1. Inactive or sedentary – does not exercise; performs most activities of daily living; but not more strenuous tasks, such as moving furniture or mowing the lawn.
2. A little active – accumulates one to three 30-minute activity sessions over the course of the week; these may involve walking, gardening, bicycling, badminton, or recreational activity.
3. Active – accumulates at least 30 minutes of activity or exercise almost daily, with at least three days involving 15-30 minutes of sustained moderate – intensity cardiovascular work; two days involving strength and stretch work; and some centering, relaxation/imagery, or other stress management.
4. Very Active – has five or more regular exercise days per week, involving moderate – to – high intensity aerobics, strength, stretch, relaxation, centering/imagery, or other stress management.
5. Professional or competitive – does exercise as a job or a lifestyle, involving strenuous exercise daily and appropriate recovery work.

# MEDIZINISCHE ÜBERLEGUNGEN

## FORMBLATT ZUR GESUNDHEITSGESCHICHTE

Vor dem Beginn eines Fitnessprogrammes müssen bestimmte medizinische bzw. Gesundheitliche Aspekte angesprochen werden. Gelegentlich bestehen Krankheiten, von denen die Betroffenen keine Ahnung haben. Dies trifft insbesondere das Anfangstadium von Herzgefäßerkrankungen zu, vor allem bei älteren Personen. Diese unentdeckten oder "subklinischen" Erkrankungen können Probleme bereiten, vor allem, wenn ein anstrengendes körperliches Trainingsprogramm begonnen wird.

Stellen Sie sich den folgenden **10 Schlüsselfragen** um zu sehen, ob Sie eine medizinische Untersuchung vornehmen lassen sollten:

**JA NEIN**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Wurde bei Ihnen ein Herzleiden festgestellt, bzw. leiden Sie unter hohem Blutdruck aufgrund dessen der Doktor Ihnen Übungen nur unter ärztlicher Aufsicht gestattet hat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Verspüren Sie bei körperlicher Betätigung Schmerzen in der Brust?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Hatten Sie in den letzten Monaten Schmerzen in der Brust?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Tendieren Sie dazu bei Schwindelgefühlen ohnmächtig zu werden oder hinzufallen?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Haben Sie Knochen oder Gelenke die bei körperlicher Betätigung schmerzen verursachen können?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Hat Ihr Arzt Ihnen jemals Medizin für Bluthochdruck oder Herzbeschwerden verordnet?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Sind Sie bei der geringsten körperlichen Anstrengung kurzatmig?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Setzt Ihr Herzschlag manchmal aus?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Wiegen Sie mehr als 20 Pfund über Ihrem Idealgewicht <b>UND</b> sind körperliche Betätigung nicht gewöhnt?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Sind Sie schwanger oder waren Sie es in den letzten 3 Monaten?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Gibt es weitere, hier nicht aufgeführte, gesundheitliche Gründe, weswegen Sie nicht an einem Trainingsprogramm teilnehmen sollten, selbst wenn Sie es wollten?          |

Ihre Antwort

Verschieben Sie den  
Beginn des Programms

### "Ja" zu einer oder mehreren Fragen

Falls Sie eine der o.a. Fragen mit "Ja" beantwortet haben, müssen Sie **vor** Beginn des Programmes eine ärztliche Genehmigung einholen.\*

bis nach der ärztlichen Untersuchung, bzw. bis nach der ärztlichen Mitteilung daß

- Sie sich unbeschränkt körperlich betätigen dürfen unter Einhaltung einer schrittweisen Steigerung oder
- Sie sich zumindest anfangs eingeschränkt oder unter Überwachung körperlich betätigen dürfen. Schauen Sie sich an Ihrem Standort nach geeigneten Spezialprogrammen um.

### "Nein" zu allen Fragen

Wurden die o.a. Fragen korrekt beantwortet, können Sie an einem graduierten Fitnessprogramm teilnehmen - Eine schrittweise Steigerung der richtigen Übungen steigert die Fitness und verringert körperliche Beschwerden.

1. Name: \_\_\_\_\_ Alter: \_\_\_\_\_
2. Person die im Notfall zu benachrichtigen ist: (Name) \_\_\_\_\_  
(Verwandtschaftsverhältnis) \_\_\_\_\_ Telefon: \_\_\_\_\_
3. Nehmen Sie verschreibungspflichtige oder sonstige Medikamente ein? (Bitte ankreuzen) **JA NEIN**  
Falls ja, bitte listen Sie die Medikamente auf: \_\_\_\_\_  
Grund für die Medikamenteneinnahme? \_\_\_\_\_
4. Haben oder hatten Sie folgende Probleme?: (Bitte JA oder NEIN ankreuzen)
- |   |                |
|---|----------------|
| a. Chronische Krankheiten oder Leiden           | <b>JA NEIN</b> |
| b. Operationen (innerhalb der letzten 6 Monate) | <b>JA NEIN</b> |
5. Konsumieren Sie Tabakprodukte? **JA NEIN**  
Falls ja, welche? (Bitte ankreuzen) **Zigaretten Kautabak Zigarren**

**Ich versichere hiermit die Richtigkeit und Vollständigkeit der oben gemachten Angaben nach bestem Wissen und Gewissen.**

Unterschrift des Teilnehmers \_\_\_\_\_ Datum \_\_\_\_\_

**Vom Medizinischen Personal bei der Anmeldung auszufüllen.**

Medical Comments if any: \_\_\_\_\_

- Participant is: ☐ Medically Approved to start the Civilian Fitness Program.  
☐ Referred to their Primary Care Provider for additional medical screening.

# EINWILLIGUNGSERKLÄRUNG

Hiermit gebe ich meine Einwilligung zur Teilnahme an einer Reihe von Gesundheits- und medizinischen Untersuchungen einschliesslich eines Fitness Tests zum Zwecke der Feststellung meines physischen Fitness- und Gesundheitsstatus. Die gesamte Untersuchung sollte nicht mehr als eine Stunde in Anspruch nehmen. Alle ermittelten Resultate dieser Tests werden streng vertraulich behandelt, es sei denn ich erteile meine schriftliche Zustimmung. Die Untersuchungen beinhalten folgendes:

1. **Blutdruck und Puls.** Ein Blutdruckmessgerät wird zur Bestimmung des **Blutdrucks** bestimmt. Der Puls wird an der Arterie des Handgelenkes gefühlt.
2. **Körperbau wird bestimmt durch:**
  - a. **Taille - Hüft - Umfang** wird durch das Messen des Taillen- und Hüftumfangs bestimmt.
  - b. **Körperfettmessung** mit dem OMRON Körperfettmesser. Die Messung bestimmt den prozentualen Anteil von Körperfett in Relation zur Muskelmasse.
  - c. Ergebnisse der **Hüft - Umfang - Messung** sind ein guter Indikator für verschiedene Risikokrankheiten.
  - d. **Body Mass Index.** Der BMI wird durch die Körpergrösse und das Gewicht bestimmt und misst den gesamten Körperfettanteil bei Erwachsenen.
3. **Cardiorespiratory Fitness** wird durch einen **3 Minuten Step Test** bestimmt. Cardiorespiratory Fitness ist definiert als die Fähigkeit von Herz und Lungen, die Muskeln mit Sauerstoff zu versorgen. Beim Step Test wird der Herzschlag in Ruhe, nach 3 Minuten Steppen, gezählt. Die Herzschlagfrequenz im Ruhestadium ist bei regelmässig trainierenden Leuten niedriger und somit ein Hinweis auf ein leistungsfähigeres Herz. Teilnehmer, die aus medizinischen Gründen keinen Step Test machen, können stattdessen aufgefordert werden den überwachten 1Meilen-Walk zu absolvieren.
4. **The Sit and Reach Test** misst die Flexibilität der Rückenmuskulatur, der Bein- und Rumpfmuskeln. Flexibilität ist definiert als die Bewegungsmöglichkeit eines Gelenks oder einer Gruppe von Gelenken.
5. **Auswertung der Fitness - und Gesundheitsdaten.** Dies dient der Feststellung von Gesundheitsrisiken. Ein Computerprogramm analysiert die ausgefüllten Werte und eine Gesundheitsbeurteilung wird mir an die auf dem Formblatt angegebene Adresse gesandt.

Ich habe die obigen Erklärungen zum Gesundheitscheck für das Civilian Fitness Program gelesen. Ich erkläre mich freiwillig zur Teilnahme an diesem Programm bereit. Hiermit erteile ich mein Einverständnis dazu, dass die ermittelten Daten zur Auswertung für dieses Programm genutzt werden.

Meine Fragen zu diesem Programm wurden alle zu meiner Zufriedenheit beantwortet. Ich weiss, dass ich mich für weitere Fragen jederzeit unter 486-7099/8555, an das CHPPM-EUR Department of Health Promotion and Wellness wenden kann.

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(Unterschrift)

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(Datum)



# SUPERVISOR/EMPLOYEE

## TEILNAHME FORMULAR

**\*Machen Sie eine Kopie für sich und Ihren Vorgesetzten. Die Teilnahme beginnt erst wenn Sie die Civilian Fitness Enrollment Approval Form erhalten, und an Ihren Vorgesetzten weitergegeben haben.**

Name des Arbeitnehmers/der Arbeitnehmerin: \_\_\_\_\_  
Name des/der Vorgesetzten: \_\_\_\_\_  
APO Adresse: \_\_\_\_\_  
Telefon (Arbeit): \_\_\_\_\_ FAX Nummer: \_\_\_\_\_  
e-mail des/der Vorgesetzten: \_\_\_\_\_  
e-mail Arbeitnehmers/der Arbeitnehmerin: \_\_\_\_\_

## VEREINBARUNG

1. Hiermit stimmen wir überein, dass (Name des Arbeitnehmers) \_\_\_\_\_ am offiziellen "Civilian Fitness Program" teilnehmen wird, welches am \_\_\_\_\_ beginnt, und sich mit jeweils 3 einstündigen Trainingseinheiten pro Woche, bei maximal 78 Stunden, über einen Zeitraum von 6 Monaten erstreckt und mit Verlauf des \_\_\_\_\_ endet. Es besteht Übereinstimmung, dass der Trainingsort für die jeweilige offizielle Trainingsdauer als Arbeitsplatz gilt. Die Trainingszeiten werden von \_\_\_\_\_ Uhr bis \_\_\_\_\_ Uhr an folgenden Wochentagen \_\_\_\_\_, an folgendem Trainingsort \_\_\_\_\_ festgelegt.
2. Es besteht weiterhin Übereinstimmung zu den folgend aufgeführten Punkten:
  - Sie habe die Möglichkeit innerhalb eines Monats vom offiziellen Programmbeginn an aus dem Programm auszusteigen um das Programm zu einem späteren Zeitpunkt wieder aufzunehmen.
  - Das Training beginnt und endet auf dem Stützpunkt, an dem der Arbeitnehmer tätig ist, es sei denn, dass der Stützpunkt nicht über geeignete Trainingsorte verfügt. Das festzustellen, liegt im Ermessen des Kommandeurs.
  - Änderungen der Trainingstage, -zeiten und -orte können nur mit vorheriger Genehmigung des/der Vorgesetzten vorgenommen werden und machen eine Ergänzung zu dieser Vereinbarung notwendig.
  - Ungenutzte Trainingszeiten sind nicht auf andere Trainingswochen übertragbar.
  - Das Ende des Programms kann nicht aufgrund von Fehlzeiten wegen Urlaub, Überstunden, oder anderen Gründen, verlängert werden.
  - Trainingszeiten können mit den gesetzlichen Pausen kombiniert werden.
  - Es darf grundsätzlich nicht automatisch zusätzliche Arbeitszeit für die Vorbereitung des Trainings (z.B. umziehen), bzw. nach dem Training (z.B. duschen, Ruhepausen, etc.) benutzt werden.
  - Die festgelegten Trainingszeiten dürfen nicht für nicht-dienstliche Zwecke benutzt werden. Ungenutzte Trainingszeiten gelten als reguläre Arbeitszeiten und müssen dementsprechend gearbeitet werden.
  - Trainingszeiten sind offizielle Arbeitszeiten. Nichterscheinen, Missbrauch der Trainingszeiten, oder Fehlverhalten während dieser Zeiträume, werden wie Fehlverhalten während der normalen Dienstzeiten behandelt und können gegebenenfalls zu Korrektur-, bzw. Disziplinarmaßnahmen führen.
  - Teilnehmer, die Fitnessklassen, persönliche Trainer, Trainingskleidung usw. nutzen, tun dies in eigener finanzieller Verantwortung.
  - Wenn Sie nicht an der Abschlussuntersuchung teilnehmen, kann das zu einer "Unvollständigkeits-Benachrichtigung" an Ihre/n Vorgesetzten führen. Es liegt im Ermessen der Vorgesetzten die zur Verfügung gestellte "Administrative Freizeit" (bis zu 76 Stunden) als Urlaub zurückzufordern.
3. Als Teilnehmer an diesem Programm bin ich verpflichtet, mich bei meiner(m) Vorgesetzten, oder in der Turnhalle, ein- und auszutragen. Ich verstehe, dass ich an einer Endbeurteilung, -untersuchung teilnehmen muss. Mein(e) Vorgesetzte(r) und ich verstehen, dass ich das Civilian Fitness Program erst beginnen kann, wenn ich das genehmigte Teilnahmeformular erhalten habe, in dem festgehalten ist, dass ich alle Voraussetzungen zur Teilnahme an diesem Programm erfülle.
4. Ich versichere hiermit, dass ich zuvor noch nicht an einem Civilian Fitness Program teilgenommen habe.

Unterschrift Arbeitnehmers/der Arbeitnehmerin: \_\_\_\_\_ Datum \_\_\_\_\_

Unterschrift des/der Vorgesetzten: \_\_\_\_\_ Datum \_\_\_\_\_

Falls Sie Fragen zum Civilian Fitness Programm haben, bitte kontaktieren Sie das CHPPM-EUR Department of Health Promotion & Wellness at DSN 486-7099/8555 oder Civ 06371-86-7099/8555.

# AUSWERTUNG DER GESUNDHEITSDATEN & MEDIZINISCHE UNBEDENKLICHKEITSERKLÄRUNG

(Nur für die Teilnehmer die eine ärztliche Untersuchung vor Beginn des Civilian Fitness Programms benötigen)

## MITTEILUNG FÜR DEN BEHANDELNDEN ARZT

Sehr geehrte(r) Frau/Herr Doktor,

Datum: \_\_\_\_\_

Ihr Patient, \_\_\_\_\_, möchte am Civilian Fitness Programm teilnehmen. Die Voruntersuchungen ergaben folgende Resultate:

- ☐ Alter: 40 Jahre oder älter (männlich) oder 50 Jahre oder älter (weiblich) mit bedeutenden Risikofaktoren
- ☐ Erhöhter Blutdruck: \_\_\_\_\_/\_\_\_\_\_ mm/Hg.
- ☐ Diabetis
- ☐ Übergewicht
- ☐ Familiär vorbelastet mit kardiovaskulären Krankheiten durch Eltern oder Geschwister (noch vor deren 55. Lebensjahr)
- ☐ Symptome oder Anzeichen für eventuelle cardiopulmonäre Krankheiten
- ☐ Herz-, Lungen- oder Stoffwechselerkrankungen
- ☐ keine Teilnahme an regelmässigem gemässigtem Sportprogramm innerhalb der letzten 6 Monate
- ☐ Schwangerschaft

Anderes: \_\_\_\_\_

Aus diesen Gründen ist es erforderlich, dass ihr Patient vor Teilnahme an unserem Fitness Programm ihre medizinische Unbedenklichkeitserklärung erhält.

Bitte füllen Sie den angefügten Teil aus und geben ihn ihrem Patienten mit.

Mit freundlichen Grüssen,

\_\_\_\_\_  
Unterschrift des Programmbetreuers

----- bitte nicht abtrennen -----

## TEILNAHMEGENEHMIGUNG DES BEHANDELNDEN ARZTES

Frau/Herrn \_\_\_\_\_ Telefonnummer: \_\_\_\_\_

ist aus medizinischer Sicht, die Teilnahme am Civilian Fitness Programm gestattet. Ich verstehe, dass das Programm leichte bis mittelschwere Übungen beinhaltet und in unbeaufsichtigten Gruppen oder alleine durchgeführt wird. Ich verstehe des weiteren, dass die Teilnahme an diesem Programm freiwillig ist, Pausen und Unterbrechungen können jederzeit nach eigenem Wunsch eingelegt werden.

Falls ihrem Patienten gewisse Übungen verboten sind, listen Sie die Einschränkungen sowie die infrage kommenden Ersatzübungen bitte auf.

**Folgende Übungen sind verboten und können ersetzt werden durch, (falls keine Einschränkungen gegeben sind, bitte ebenfalls angeben):**

Unterschrift des Arztes: \_\_\_\_\_ Datum: \_\_\_\_\_  
Stempel mit Telefonnummer

e-mail: \_\_\_\_\_

Teilnehmer: Bitte faxen Sie das ausgefüllte Formblatt an Ihr Health Promotion & Wellness Büro unter **XXX-XXXX** oder **XXX-XXXX**.

Fragen: Bitte rufen Sie ihr Health Promotion & Wellness Büro an unter **XXX-XXXX** oder **XXX-XXXX**.

Falls Sie Fragen zum Civilian Fitness Programm haben, bitte kontaktieren Sie das CHPPM-EUR Department of Health Promotion & Wellness unter DSN 486-7099/8555 oder Civ 06371-86-7099/8555.

# TEILNAHMEGENEHMIGUNGSFORM

\_\_\_\_\_ hat sich um die Teilnahme am 6-monatigen Civilian Fitness  
(Vor- und Nachname) Programm beworben.

Die Auswertung der Unterlagen ergaben folgendes (**nur das Angestrichene**):

1. Die Teilnahme am **Civilian Fitness Programm ist genehmigt und beginnt mit dem heutigen Datum**. Alle notwendigen Dokumente wurden vollständig vorgelegt und bewertet.
2. Die Teilnahme am Fitness Programm ist nicht genehmigt, bevor der Civilian Fitness Coordinator nicht die **Genehmigung des/der Vorgesetzten** vorliegen hat.
3. Die Teilnahme am Fitness Programm ist nicht genehmigt, bevor der Civilian Fitness Coordinator nicht die **Teilnahmegenehmigung des Arztes** vorliegen hat.

Alle Dokumente müssen innerhalb von 3 Wochen vollständig ausgefüllt an die Adresse des Health Promotion Büro's gefaxt werden. Fax Nummer: **XXX-XXXX** (DSN) oder **XXX-XXXX** (CIV). Alle Fragen sollten an das Health Promotion Büro gerichtet werden: **XXX-XXXX** (DSN) oder **XXX-XXXX** (CIV).

Das Nichtvorlegen der Dokumente bedeutet das Ausscheiden aus dem Programm. Eine Benachrichtigung geht an das CPOC und die/den Vorgesetzte(n). Damit sind die Teilnehmer nicht berechtigt zu einem späteren Zeitpunkt an dem Programm teilzunehmen. Das Programm beginnt für die Teilnehmer am Tage der Voruntersuchung und endet 6 Monate später. Um das Programm zu beenden müssen die Teilnehmer sich der Abschlussuntersuchung unterziehen bevor sie die Civilian Fitness Programm Auszeichnung erhalten. Teilnehmer müssen 3 Wochen vor Beendigung des Programms unter der Telefonnummer **XXX-XXXX** einen Termin für die Abschlussbeurteilung ausmachen. Die Abschlussuntersuchung findet am **XXX** (Datum), im **XXX** (Ort) statt.  
Das Programm beginnt am \_\_\_\_\_, und endet am \_\_\_\_\_.  
(heutiges Datum - Tag, Monat, Jahr) (6 Monate später)

**Die Teilnehmer müssen zum Abschluss des Programms an der Schlussuntersuchung teilnehmen. Die Abschlussuntersuchung findet am \_\_\_\_\_ im \_\_\_\_\_ statt.**

\_\_\_\_\_  
Datum

\_\_\_\_\_  
Unterschrift des Programmbetreuers



Provided by:  
The Center for Health Promotion and Preventive Medicine-Europe  
Department of Health Promotion & Wellness  
DSN 486-7099/8555 E-Mail: [wellness@cpe.amedd.army.mil](mailto:wellness@cpe.amedd.army.mil)